APPENDIX D. CHAIN-OF-CUSTODY FORMS



of			CHA	IN-OF-	CUSTO	DY/TES	ST REQ	UEST I	FORM	1	Nº 2262
Project/Client Na	ıme: <u>Ga</u> s	stroped Impes	iex Stu	dy/LDWG	<u>`</u>	Ship to	: <u>Alla</u>	n Kol	1 n		·
Project Num		3-08-06-1		1		Attn	•			Shipping	Date:
Contact Na		elle Anders				Shipper	: Hand	delive	red	Airbill Nu	mber:
Sampled		-A				orm filled out by	: A. R	odrigu	 ez_ ¹	Furnaround r	equested:
	T										
							Test(s) Requeste	ed (check test(s)	required)		
Sample Collection Date				Volume of Sample / # of		Imposex					Comments / Instructions
(m/d/y)	Time	Sample Identifi	ication	Containers	Matrix						[Jar tag number(s)]
8/8/05	0900	G166		3 Jars	Gastropod	5					
				=							
											w
											•
			<u>, </u>								
		Total Number of Co	ontainers	3	Purchase Ord	er / Statement	of Work #	······································			
1) Released by:	1	1	1) Rec'd by:	7 ~ =		2) Released by:	· · · · · · · · · · · · · · · · · · ·		2) Rec	c'd by:	
Print name: /	Ingelita	Rodriguez		CD X	5-	Print name:					
Signature: And Company:						Signature: Company:					
		rd Environmental		liversity of		Company:					
Date/Time: 8	18/05	6:30	Date/Time: 5	3/8/05/	6:31	Date/Time:			Dat	te/Time:	
Distribution: White c	opies accompa	ıny shipment; yellow retaine									
	. /	-	200 West Me Suite 401	ercer Street	Date of r	eceipt::		To be con	pleted by Laboratory	0010 0 00000000000000000000000000000000	ry upon sample receipt:
Win	dW	ard 🤅	Seattle, WA 9		Conditio	ondition upon receipt: Time of receipt:					
Suite 401 Seattle, WA 98119 Tel: (206) 378-1364 Fax: (206) 217-9343											

Cooler temperature:

Received by:

Tel: (206) 378-1364 Fax: (206) 217-9343

Contact Na	ame: <u>G</u> A	STROPOD IMPOSEX 1-08-06-21 ULE ANDERSEN	STUDY/LD		Ship At Shipp	to: <u>U oF</u> tn: <u>ALAN</u> er: <u>HAN</u> O	- W KOHN DELIVER	ED	Nº 2278 Shipping Date: 8/9/05 Airbill Number: naround requested:
Sample Collection Date (m/d/y) 8/9/05	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	tesepui \	Test(s) Requeste	d (check test(s)	required)	Comments / Instructions [Jar tag number(s)]
8/9/05	0745 1205	G216 G17b	1 JAR 2 JANES	GASTROPOD GASTROPOD					

Purchase Order / Statement of Work #

2) Released by:

Print name:

Signature:

Company:

Date/Time:

* Distribution: White copies accompany shipment; yellow retained by consignor.

ANGEZITA RODRIQUET

Company: WINDWARD ENVIRONMENTAL

Total Number of Containers

1) Rec'd by:

Company:

Date/Time:



1) Released by:

Signature:

200 West Mercer Street Suite 401 Seattle, WA 98119 Tel: (206) 378-1364 Fax: (206) 217-9343 To be completed by Laboratory upon sample receipt:

2) Rec'd by:

Company:

Date/Time:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

	me: <u>04</u> -	-08-06-21 /GASTRO	PUP IMPOS	ех ѕ тиоу	r Ship	to:	UN	· / Va	./	Shinpins	g Date: 08/10/05
		LELE ANDERSEN			Shine	Attn: ARAN KOHN Shipper: HAND DELIVERED			7)	Airbill Nu	
	•				Jiiipj kli2		THUD IDE	n D.	<u> </u>		
Sampled	I Ву:	<i>H</i>		FC	orm filled out	by: 	WEELIT.	4 KINK	aute	urnaround	requestea:
						Test(s) Requested (check test(s) r	equired)		
Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	IM POSEX						Comments / Instructions [Jar tag number(s)]
8/10/05	6740	G176	1 JAR	Gastropod	/ /	/					
	0835	G18b	25ARS	1,	1						
	1418	G19b	25ARS	17	-						
											
						 					
											···
							· · · · · · · · · · · · · · · · · · ·				
		Total Number of Containers		Purchase Ord	or / Stateme	ent of M	fork #		<u> </u>		
Released by:	<u> </u>	1) Rec'd by:		1 dichase Old	2) Released		OIK #		2) Par	c'd by:	
Print name: #	NEU TO	PROPRIOUR	1	54	Print nam					c d by.	
Signature:	hrs.l.f	Company:			Signature				Со	mpany:	
	SISWAR	ED EXIDENMENTER			Company						
Date/Time: 8/	10/05	1636 Date/Time:	8/10/05	1636	Date/Tim	e: .			Da	te/Time:	
	<u> </u>	iny shipment; yellow retained by consignor	т.								
		200 West M	ercer Street			ongowe.		o be com	1200210005	(z) tendensiji:	ory upon sample receipt:
	/	Suite 401	cicci bucci	Date of r	eceipt::				Laboratory	W.O. #:	

Condition upon receipt:

Cooler temperature:

Time of receipt:

Received by:

Seattle, WA 98119

Tel: (206) 378-1364 Fax: (206) 217-9343

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2263

/ of	CHAIN-OF-CUS	TODY/TES	T REQUEST FOR	М
Project/Client Name:	GASTROPOD IMPOSEX STUDY/LOWG	Ship to:	U OF W	
Project Number:	04-08-06-21	Attn:	ALAN KOHN	Shipping
Contact Name:	HELLE ANDERSEN		HAND DELIVERED	Airbill Nu
Sampled By:	ANGELITA RODRIQUEZ	Form filled out by:	ANGELITA RODRIQUEZ	Turnaround re

Ship to:	U OF W		
Attn:	ALAN KOHN	Shipping Date: 8/11/05	
Shipper:	HAND DELIVERED	Airbill Number:	
Form filled out by:	ANGELITA RODRIQUEZ	Turnaround requested:	

Nº 2281

						Test(s)	Requeste	ed (check	test(s) rec	uired)	,		
Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	IMASEX	•						Comments / Instructions [Jar tag number(s)]	
08/11/05	0720	G 196	1 JAR	GASTROPOD									
8/11/05	0939	G20b	2 JARS	GASTROPOD	/								
						-							
										,		-	
		Total Number of Containers		Purchase Orde	r / Stateme	nt of W	ork#	I			<u>I</u>		
1) Released by:	1601-	1) Rec'd by:	200	2	2) Released	,				2) Re	c'd by:		
Print name: ANGENTA RODRIQUES Signature: Froelfs RS Company: U N W		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Print name: Signature:						Company:				
Company: W	NOWARD	ENGRONMENTAL			Company:								
Date/Time: 08/11/05 .1539 Date/Time: 8/11/05 1539				1539	Date/Time:					Da	Date/Time:		

^{*} Distribution: White copies accompany shipment; yellow retained by consignor.



200 West Mercer Street Suite 401 Seattle, WA 98119 Tel: (206) 378-1364 Fax: (206) 217-9343

TO DE COM	pieted by Laboratory upon sample receipt:
Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Coolér temperature:	Received by: