



# ENDYNE

ENVIRONMENTAL LABORATORY SERVICES

## CHAIN-OF-CUSTODY INSTRUCTIONS

The following instructions are provided to assist clients in accurately and completely filling out the Chain-of-Custody (COC)

### **Required Fields to be completed by the client:**

- Client:** Your name, or the name of your business, township, etc.  
**Email Address:** The email address when the final report will be sent.  
**Contact Person:** Your name, or the name of a person that the lab may speak to with questions.  
**Phone No.:** The number where you may be reached if the lab has questions.  
**Account No.:** The six-digit number assigned to you by the lab (if applicable).  
**Water Source:** Well, spring, WWTP, etc.  
**PWS or SPDES No.:** The Public Water Supply Number (Health Department ID) or Wastewater Discharge Number given to you by DOH, DEC or EPA  
**Collections Address & State:** The physical address, including state, where the sample was taken.  
**Collector's Name:** The name of the person who filled the bottles.  
**Turnaround Time (TAT):** Standard, Rush (Charges Apply, Approval may be required)  
**Client's Sample ID:** Tap where the sample was taken eg. Kitchen, Outfall, address, or other unique ID.  
**Compliance Monitoring:** Is the sample for DOH, DEC, EPA monitoring?  
**Repeat Samples:** Four (or five) repeats required by DOH.  
**Check Samples:** Boil Water Order, Five samples the month after a positive.  
**Date/Time:** Date and time that the bottles were filled.  
**Chlorine Residual:** Is the site chlorinated? Has it been shocked (bleached)? What is the residual reading?  
**Analysis Requested:** What tests do you want to have ran?  
**Sample Relinquished By:** The person dropping off the sample needs to sign.

### **Optional Fields the client may wish to complete:**

- Project Name:** Is the sample part of an ongoing project? If you are a client with multiple projects that determine the email list, this field needs to be filled out.  
**Quote No.:** If a quote was requested, this number must be supplied if the quote pricing is to be applied.  
**Purchase Order No.:** Number generated by the client for accounting purposes.  
**Address:** Mailing address where results may be sent (charges apply).  
**Subcontract:** We may have you initial giving us permission to send the sample to another NYS certified lab if it applies to your analysis requested.

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