



124 Heritage Avenue #16
 Portsmouth, NH 03801
 603-436-2001
 absoluteresourceassociates.com

CHAIN-OF-CUSTODY RECORD AND ANALYSIS REQUEST

Lab ID Here

ANALYSIS REQUEST

Company Name: _____ Project Name: _____

Company Address: _____ Project #: _____

Report To: _____ Accreditation Required? N/Y: _____

See absoluteresourceassociates.com for sample acceptance policy and current accreditation lists.

Phone #: _____

Protocol: RCRA SDWA NPDES
MCP NHDES DOD
Notify ARA if your samples require specific methods, certifications or compliance protocol.

Reporting Limits: QAPP EPA DW GW-1 Other S-1

<input type="checkbox"/> VOC 8260	<input type="checkbox"/> VOC 8260 NHDES	<input type="checkbox"/> VOC 8260 MADEP
<input type="checkbox"/> VOC 624.1	<input type="checkbox"/> VOC BTEX MIBE, only	<input type="checkbox"/> VOC 8021VT
<input type="checkbox"/> VPH MADEP	<input type="checkbox"/> GRO 8015	<input type="checkbox"/> 1,4-Dioxane
<input type="checkbox"/> VOC 524.2	<input type="checkbox"/> VOC 524.2 NH List	<input type="checkbox"/> Gases-List:
<input type="checkbox"/> TPH 8100	<input type="checkbox"/> DRO 8015	<input type="checkbox"/> EPH MADEP
<input type="checkbox"/> 8270PAH	<input type="checkbox"/> 8270ABN	<input type="checkbox"/> 625.1
<input type="checkbox"/> 8082 PCB	<input type="checkbox"/> 8081 Pesticides	<input type="checkbox"/> 608.3 Pes/PCB
<input type="checkbox"/> PFAS 537.1	<input type="checkbox"/> PFAS 533	<input type="checkbox"/> PFAS isotope dilution
<input type="checkbox"/> O&G 1664	<input type="checkbox"/> Mineral O&G 1664	
<input type="checkbox"/> pH	<input type="checkbox"/> BOD	<input type="checkbox"/> Conductivity
<input type="checkbox"/> TSS	<input type="checkbox"/> TDS	<input type="checkbox"/> TS
<input type="checkbox"/> RCRA Metals	<input type="checkbox"/> Priority Pollutant Metals	<input type="checkbox"/> TAL Metals
<input type="checkbox"/> Total Metals-list:	<input type="checkbox"/> Hardness	
<input type="checkbox"/> Dissolved Metals-list:	<input type="checkbox"/> Ammonia	<input type="checkbox"/> COD
<input type="checkbox"/> Ammonia	<input type="checkbox"/> TKN	<input type="checkbox"/> TN
<input type="checkbox"/> T-Phosphorus	<input type="checkbox"/> Bacteria P/A	<input type="checkbox"/> Bacteria MPN
<input type="checkbox"/> Cyanide	<input type="checkbox"/> Sulfide	<input type="checkbox"/> Nitrate + Nitrite
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Nitrite	<input type="checkbox"/> Chloride
<input type="checkbox"/> Corrosivity	<input type="checkbox"/> Ignitibility/FP	<input type="checkbox"/> Bromide
<input type="checkbox"/> TCLP Metals	<input type="checkbox"/> TCLP VOC	<input type="checkbox"/> TCLP SVOC
<input type="checkbox"/> Subcontract:	<input type="checkbox"/> Grain Size	<input type="checkbox"/> Herbicides
<input type="checkbox"/> Asbestos		

Lab Sample ID (Lab Use Only)	Field ID	# CONTAINERS	Matrix			Preservation Method					Sampling			
			WATER	SOLID	OTHER	HCl	HNO ₃	H ₂ SO ₄	NaOH	MeOH	DATE	TIME	SAMPLER	

TAT REQUESTED

Priority (24 hr)*

Expedited (48 hr)*

Standard (10 Business Days)

*Date Needed _____

Invoice To: _____

Email: _____

PO #: _____

Quote #: _____

NH Reimbursement Pricing

SPECIAL INSTRUCTIONS

Reporting Instructions:

EDD: _____ Report To (email): _____

RECEIVED ON ICE YES NO

TEMPERATURE _____ °C

CUSTODY RECORD QSD-01 Revision 07/27/2022	Relinquished by Sampler:	Date Time	Received by:	Date Time
	Relinquished by:	Date Time	Received by:	Date Time
	Relinquished by:	Date Time	Received by Laboratory:	Date Time