FORM MSE-169
(Rev. 09/08)

MSE Technology Applications, Inc.
Laboratory Services

CHAIN OF CUSTODY

MSE
WORK
ORDER #

Company Name:	Project Manager:
Address:	Project Name and Number:
City: State: Zip:	Email Address:
Phone:	Purchase Order #:
Fax:	Sampler Name and Phone #:

ANALYSIS REQUESTED

REMARKS

Turnaround Time (TAT) / Reporting

____Standard
____Next Day*
____2nd Day*
____Other*
_____

*All rush order requests must have prior approval

____Phone
____Mail
____Fax
____Email

SAMPLE ID	LAB ID	DATE	TIME

RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)	DATE	TIME
PRINTED NAME	COMPANY		PRINTED NAME	COMPANY	
RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)	DATE	TIME
PRINTED NAME	COMPANY		PRINTED NAME	COMPANY	
RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)	DATE	TIME
PRINTED NAME	COMPANY		PRINTED NAME	COMPANY	

Inspection Checklist

Received Intact?	Y	N
Labels & Chains Agree?	Y	N
Containers Sealed?	Y	N
Cooler Sealed?	Y	N

Delivery Method: _____
Temperature (°C): _____
Preservative: _____
_____
Date & Time: _____
Inspected By: _____

MSE LABORATORY SERVICES
200 Technology Way, P.O. Box 4078
Butte, MT 59701
PH: (406) 494-7334 / FAX: (406) 494-7128
labinfo@mse-ta.com