

## MERITECH, INC. (Lab # 027)

Meritech Sample ID #: \_\_ Bioassay Sample Chain of Custody

642 Tamco Rd. Reidsville, N.C. 27320

Fax: 1-336-342-1522 Phone: 1-336-342-4748

Laboratory Supervisor Email: <u>mike.reed@meritechlabs.com</u> Web Site: www.meritechlabs.com

|                                                                                                                                                                                                        | CLIENT INF                   | <u>ORMATION</u> |              |            |                     |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|--------------|------------|---------------------|----------|
| Client:                                                                                                                                                                                                |                              |                 |              | PO#:       |                     |          |
|                                                                                                                                                                                                        |                              |                 |              | NPDES#:    | NC                  |          |
| Physical Address:                                                                                                                                                                                      |                              |                 |              | Phone:     |                     |          |
|                                                                                                                                                                                                        |                              |                 |              | Pipe #:    |                     |          |
|                                                                                                                                                                                                        | State:                       |                 |              |            |                     |          |
| County:                                                                                                                                                                                                |                              | Email:          |              |            |                     |          |
| SAMPLE INFORMATION                                                                                                                                                                                     |                              |                 |              |            |                     |          |
| Sample Site:                                                                                                                                                                                           |                              |                 |              |            |                     |          |
| Sample Type:                                                                                                                                                                                           | ☐ Grab ☐ Composite           | # of c          | containers:  |            | <u>-</u>            | _        |
| Sampling Time:                                                                                                                                                                                         | Start Date: Start Time       | :               | AM           | PM         | !!! NO AIR SPACE !! | <u>!</u> |
|                                                                                                                                                                                                        | End Date: End Time           | :               | AM           | PM         | !!! NO AIR SPACE !! | <u>.</u> |
| *** Triple rinse sample container with sample before filling completely with <u>NO AIR SPACE</u> . Pack the sample cooler completely with ice.  The sample must be < 6.0°C upon receipt at Meritech*** |                              |                 |              |            |                     |          |
| Collector's Na                                                                                                                                                                                         | me: Print:                   | _ ;             | Signature: _ |            |                     |          |
| TOXICITY TEST INFORMATION                                                                                                                                                                              |                              |                 |              |            |                     |          |
| Test Required:                                                                                                                                                                                         |                              | : Ceriodap      | <u></u>      | (water fle | a)                  |          |
|                                                                                                                                                                                                        | ☐ <b>Acute</b> (24-48 hours) |                 |              | ,          | ,                   |          |
| <ul><li>☐ Acute (24-48 hours)</li><li>☐ Pimephales promelas (fathead minnow)</li><li>☐ Mysidopsis bahia (mysid shrimp)</li></ul>                                                                       |                              |                 |              |            |                     |          |
| IWC: *** Friday Samples for Chronic Fathead test must be collected after 9:00 a.m. on Friday. ***                                                                                                      |                              |                 |              |            |                     |          |
|                                                                                                                                                                                                        |                              |                 |              |            |                     |          |
| Comments/Dilution(s):                                                                                                                                                                                  |                              |                 |              |            |                     |          |
|                                                                                                                                                                                                        | SHIPPING IN                  | -ORMATION       |              |            |                     |          |
| Relinquished by:                                                                                                                                                                                       | Date:                        |                 |              | Time:      | AM                  | PM       |
| Received by:                                                                                                                                                                                           | Date:                        |                 |              | Time:      | AM                  | PM       |
| Relinquished by:                                                                                                                                                                                       | Date:                        |                 |              | Time:      | AM                  | PM       |
| Received by:                                                                                                                                                                                           | Date:                        |                 |              | Time:      | AM                  | PM       |
| Relinquished by:                                                                                                                                                                                       | Date:                        |                 |              | Time:      | AM                  | PM       |
| Received by:                                                                                                                                                                                           | Date:                        |                 |              | Time:      | AM                  | PM       |
| Relinquished by:                                                                                                                                                                                       | Date:                        |                 |              | Time:      | AM                  | PM       |
| Received by:                                                                                                                                                                                           | Date:                        |                 |              | Time:      | AM                  | PM       |
| Sample Temperature (°C):                                                                                                                                                                               |                              |                 |              |            |                     |          |
| Method of Shipment: UPS Fed EX Meritech Pick-up Delivered Other                                                                                                                                        |                              |                 |              |            |                     |          |
| *** Samples shipped on Friday must be Fed Ex and must be clearly labeled for Saturday Delivery, NO SIGNATURE REQUIRED ***                                                                              |                              |                 |              |            |                     |          |
| SAMPLE RECEIVING (Meritech Use Only)                                                                                                                                                                   |                              |                 |              |            |                     |          |
| Relinquished by:                                                                                                                                                                                       |                              |                 |              |            |                     |          |
|                                                                                                                                                                                                        |                              |                 |              | Time:      | AM                  | PM       |
|                                                                                                                                                                                                        | res (°C):///                 |                 |              | Condition: |                     | _        |