



## Request for Analysis/Chain of Custody

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| <b>SUBMIT SAMPLES TO:</b><br>Gateway Analytical, LLC<br>2009 Kramer Road<br>Gibsonsia, PA 15044<br>Phone: (724) 443-1900<br>Fax: (866) 658-1445 | <b>PO/Payment Method (REQUIRED):</b><br><br><div style="background-color: #e0e0e0; padding: 5px;"> <b>Gateway Analytical Use Only:</b><br/>                     Customer Code: _____<br/>                     Project Number: _____                 </div> | <b>Sample Submission Instructions:</b> <ul style="list-style-type: none"> <li>Please fill out ALL required fields</li> <li>Please provide one (1) form per project/report. List each individual sample separately, in the sample information section.</li> <li>ALL expedited TAT require prior approval; Contact your Account Manager or Lab Manager</li> </ul> |
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| <b>Report To (REQUIRED):</b><br>Company: _____<br>Address: _____<br>City, State, Zip: _____ | <b>Contact Name:</b> _____<br><b>Phone:</b> _____<br><b>Email:</b> _____<br><b>Quotation number:</b> _____ |
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| <b>Invoice To (REQUIRED):</b> <input type="checkbox"/> SAME AS ABOVE<br>Contact Name: _____<br>Phone: _____<br>Email: _____ | <b>Additional Information:</b><br>Is this for Release Testing or an FDA submission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Is this material cytotoxic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Case number (criminal cases): _____ <input type="checkbox"/> N/A |
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**Controlled Substance:**  No  II  III  IV  V **DEA Registration #** \_\_\_\_\_  
**(REQUIRED) Note:** Gateway will only accept Schedule II and above controlled substances

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| <b>Requested TAT: (REQUIRED)</b><br><input type="checkbox"/> STANDARD<br><input type="checkbox"/> Expedited<br><input type="checkbox"/> 24 Hour RUSH | <b>Sample Handling:</b><br><input type="checkbox"/> Non-hazardous<br><input type="checkbox"/> Hazardous<br><input type="checkbox"/> MSDS Included | <b>Store At:</b><br><input type="checkbox"/> Ambient<br><input type="checkbox"/> Refrigerate<br><input type="checkbox"/> Freeze | <b>Sample Disposition: (REQUIRED)</b><br><input type="checkbox"/> Discard <input type="checkbox"/> Return <input type="checkbox"/> Discard after 30 days<br>Shipping Account Information (for Returns): _____ |
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**Sample Information (Use additional page if more space needed):**

| Item | Sample ID | Sample Description | Requested Analysis | GA Sample ID |
|------|-----------|--------------------|--------------------|--------------|
| 1    |           |                    |                    |              |
| 2    |           |                    |                    |              |
| 3    |           |                    |                    |              |
| 4    |           |                    |                    |              |
| 5    |           |                    |                    |              |

**Comments/Special instructions:** \_\_\_\_\_

**Chain of Custody (Record of sample exchange):**

|   |   |   |
|---|---|---|
| <b>Originated by (print):</b> _____<br><b>Originated by (sign):</b> Signature<br><b>Date/Time</b> _____     | <b>Received by (print):</b> _____<br><b>Received by (sign):</b> Signature<br><b>Date/Time</b> _____         | <b>Relinquished by (print):</b> _____<br><b>Relinquished by (sign):</b> Signature<br><b>Date/Time</b> _____ |
| <b>Relinquished to (print):</b> _____<br><b>Relinquished to (sign):</b> Signature<br><b>Date/Time</b> _____ | <b>Relinquished by (print):</b> _____<br><b>Relinquished by (sign):</b> Signature<br><b>Date/Time</b> _____ | <b>Relinquished to (print):</b> _____<br><b>Relinquished to (sign):</b> Signature<br><b>Date/Time</b> _____ |

|  |                           |
|--|---------------------------|
| Delivered by: _____ Packaging: _____<br>Custody Seals Intact? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Present<br>Sample Condition upon Receipt: <input type="checkbox"/> As Expected / <input type="checkbox"/> Not As Expected<br>Login By Initials/Date: _____ | <b>Comments:</b><br>_____ |
|--|---------------------------|