



Standard Chain-of-Custody Form

Minnesota Department of Health
 Environmental Laboratory
 601 Robert St. North
 St. Paul, MN 55155
 651-201-5300
HEALTH.Env.OperationsUnit@state.mn.us

Lab Use Only

Affix Label Here

Program Code	Project Name		
Facility ID	City		
Project Manager Name	Project Manager Email / Phone		

Container Preservative																				
	Containers Field Filtered (Y/N)																			
Y/N																				

Sampled by (print)	Sampler Affiliation / Phone
--------------------	-----------------------------

<u>LAB / FIELD MATRIX CODES</u> DW = Drinking Water SD = Soil/Solid NW = Non-potable Water WP = Wipe AR = Air OT = Other BL = Biological Material	<u>FIELD MATRIX CODES</u> Wtr-Drink = Drinking Water B = Blood L = Leachate Wtr-Finish = Finish Water P = Plasma OT = Other Wtr-Ground = Groundwater S = Serum Wtr-Surf = Surface Water U = Urine
--	---

#	Sample Type	Location ID (Samples MUST BE UNIQUE)	Sample Point	Collection		Lab Matrix Code	Field Matrix Code	Analyses	Lab Sample Number
				Date	Time (24 hr)				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

<u>SAMPLE TYPE CODES</u> S = Routine Sample QC-FR = Field Replicate Sample OT = Other QC-FB = Field Blank Sample QC-TB = Trip Blank Sample	TAT	Standard	Priority	Emergency	Potential Hazard	Yes	No	Unknown
---	-----	----------	----------	-----------	------------------	-----	----	---------

Sampler Comments

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
(Sampler)					

Instructions for Completing Chain of Custody (COC) Forms

- **PAGE __ OF __**: Enter page *x* of *y* information (i.e. 1 of 1, 1 of 2, 2 of 2, etc.) If more than 10 samples are collected for an event, please paginate each of the COCs appropriately to maintain a single Work Order (and report) for the submission.
- **PROGRAM CODE**: Used for billing purposes. Typically a two-letter code provided by the MDH Environmental Laboratory.
- **Project Name**: Used for identification of the overall project (ex. PWSID or PRJ number)
- **FACILITY ID**: When further identification of the project is required, please enter in this box. May be left blank.
- **City**: When further identification of the project is required, please enter in this box. May be left blank.
- **PROJECT MANAGER NAME**: Enter if desired. May be left blank.
- **PROJECT MANAGER EMAIL/PHONE**: Enter if desired. May be left blank.
- ***SAMPLED BY**: Enter first and last name of person that collected the sample(s).
- **SAMPLER AFFILIATION/PHONE**: Enter agency or business affiliation of the sampler and phone number.
- ***SAMPLE TYPE**: Choose from the options listed in the SAMPLE TYPE CODES box that represents the sample type.
- ***LOCATION ID**: The site or location from which the sample(s) were collected. The Location ID is used as the unique identifier. This information **MUST** be unique to only one line on the COC form.
- **SAMPLE POINT**: Additional information used to further identify the location of a sample collected. Not a required field and may be left blank.
- ***COLLECTION DATE**: Choose the collection date of the sample(s) from the calendar.
- ***COLLECTION TIME**: Enter the collection time based on military time (24-hour clock).
- ***LAB MATRIX CODE**: Choose the appropriate option from the LAB/FIELD MATRIX CODES box that represents the sample matrix.
- **FIELD MATRIX CODE**: Choose the appropriate option from the FIELD MATRIX CODES box if further identification of the matrix is required. If no additional identification is required, please use same code as Lab Matrix Code.
- ***CONTAINER PRESERVATIVE**: Choose appropriate option(s) for the preservative that was used for the analysis requested. If the preservative used is not in the list, there is a blank field in which the preservative can be entered.
- **CONTAINERS FIELD FILTERED (Y/N)**: A “Y” in this space indicates that the container/sample was field filtered. An “N” indicates it was not.
- ***ANALYSES**: Choose the requested analysis from the options listed in the dropdown list. If the requested analysis is not on list, manually enter the analysis in the blank field.
- **TAT**: Indicate if the submission is standard, priority, or emergency turn-around-time (TAT).
- **POTENTIAL HAZARD**: Indicate if there are any potential hazards for the sample submitted.
- **SAMPLER COMMENTS**: Add any comments needed. May be left blank.
- ***RELINQUISHED BY/AFFILIATION**: At the time samples are released from the custody of the sampler (i.e. packaged for shipment, dropped off in sample receiving, etc.) sign, date and time the COC.