<b>Analytical Servi</b>	ces Order
and Chain of Cu	stody Form

## Arctic Fox Environmental, Inc.

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Client Name and Address:			Account	Number:									Preservative	
			P.O. or Contract Number:										·	
Contact Person:			Authorization Number:											
Phone Number: Harmony Number:			Sampled By:		Number of Containe									
E-mail:				PWS Number:										
Project Name:														
Data Deliverables: Level I □ Level III □ EDD/Format:				Send Results to ADEC:  ☐ YES ☐ No										
Requested Turnaround Time and Special Instructions:														
Client Sample ID	Date Sampled	Time Sampled	Matrix	AF Sample ID									Remarks	
Relinquished By (1):	Date:	Time:	Received By:			TO BE COMPLETED BY LABORATORY  Location Received/ ANC°C FBK°C PB°C  Temp on Arrival:								
Relinquished By (2):	Date:	Time:	Received By:		Lo Te									
Relinquished By (3):	Date:	Time:	Received for lab by:		CI	Chain of Custody Seal □ INTACT □ BROKEN □ ABSENT								
Troiling allowed by (0).	Dato.		Neceived for lab by.			Shipping Bill Number:								