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LAB ID _____
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Client		Phone	Sampler's Name	
Address		Fax	Project Name	
City, State & Zip		Email	Requested Turnaround Date	
SAMPLE TYPE CODES DW = Drinking Water SD = Solids WW = Wastewater SO = Soil SW = Surface Water HW = Hazardous Waste MW = Monitoring Well Other: _____ C = Composite G = Grab		PRESERVATIVE Sodium Thiosulfate Sodium Hydroxide Nitric Acid Sulfuric Acid Hydrochloric Acid	REQUESTED ANALYSIS	
LOCATION	DATE	TIME		

Instructions/Comments/Permit Numbers: Report to ADEQ EPA NDEP

SAMPLE RECEIPT	Relinquished By:	Received By:	Date/Time:
Temperature _____ °C	Relinquished By:	Received By:	Date/Time:
Number of Containers:	Relinquished By:	Received By:	Date/Time:
Courier Delivered: Y N	Relinquished By:	Received in Lab By:	Date/Time:

Note: By relinquishing samples to Mohave Environmental Laboratory, client agrees to pay for the services requested on this chain of custody for and any additional analyses performed on this project. Payment for services is due within 30 days from the date of invoice. Sample(s) will be disposed of after 30 days.