



ORDER – CHAIN OF CUSTODY

COC number (for client tracking)

Please fill out this form LEGIBLY. Failure to complete all sections of this form may delay analysis.
By the use of this form the user acknowledges and agrees with the terms and conditions as specified on the company websites.
<https://www.alsglobal.eu/media-general/pdf/general-terms-and-conditions.pdf>

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FOR LAB USE ONLY FOR LAB USE ONLY FOR LAB USE ONLY FOR LAB USE ONLY FOR LAB USE ONLY	CODE OR NAME OF ANALYSIS (See instruction chap. 9)	CLIENT CONTACT AND REPORTING INFORMATION (See instruction chap. 1)
CONTRACTOR ALS Czech Republic, s.r.o., ID: 27407551 Address: Na Harfě 336/9, 190 00, Praha 9 Czech Republic CONTACT INFORMATION TEL +420 226 226 228 customer.support@alsglobal.com www.alsglobal.cz	Analysis 1 Analysis 2 Analysis 3 Analysis 4 Analysis 5 Analysis 6 Analysis 7 Analysis 8 Analysis 9 Analysis 10 Analysis 11 Analysis 12	Company name _____ Code _____ Contact name _____ Reg.No./Birth Date _____ Address _____ Contact phone _____ Certificate of Analysis Email 1 <input type="checkbox"/> Print <input type="checkbox"/> E-mail <input type="checkbox"/> Excel Email 2 <input type="checkbox"/> Print <input type="checkbox"/> E-mail <input type="checkbox"/> Excel Email 3 <input type="checkbox"/> Print <input type="checkbox"/> E-mail <input type="checkbox"/> Excel Email 4 <input type="checkbox"/> Print <input type="checkbox"/> E-mail <input type="checkbox"/> Excel Email 5 <input type="checkbox"/> Print <input type="checkbox"/> E-mail <input type="checkbox"/> Excel <input type="checkbox"/> Print copy not required
PROJECT INFORMATION (See Instructions chap. 3-7)		
Project name _____ Quote number CZ - - - Purchase order _____ Sampler ID _____ Sample location _____ Special archiving conditions _____ Express handling? No <input type="checkbox"/> Standard delivery (7-10 working days) Yes <input type="checkbox"/> Express Due date (Express surcharge, see instructions for completion)		
INVOICE ADDRESS – if other than reporting adress (See instruction chap. 2)		
Company name _____ Contact name _____ Change of contacts * No <input type="checkbox"/> Yes <input type="checkbox"/> * If yes, we will contact you Address _____ Invoice for mat Email 1 <input type="checkbox"/> Print <input checked="" type="checkbox"/> E-mail		

ALS ID #	SAMPLE IDENTIFICATION (See Instruction chap. 8, max. 50 characters)	CROSS THE REQUESTED ANALYSES (See Instruction chap. 10)												MATRIX (a)	SAMPLING		Containers count	(b)	REMARKS (See Instructions chap.11-15, max. 50 characters)
															Date	Time			

INFORMATION ABOUT ALS SAMPLING																
Sampling protocol send electronically			Sampling protocol Identification				Sampling Invoice				Sampling		Count	Price		
			Sampling protocol Identification				Sampling Invoice				Sampling		Count	Price		
CLIENT SIGNATURES (See instruction 16)			FOR LAB USE ONLY		FOR LAB USE ONLY		FOR LAB USE ONLY		FOR LAB USE ONLY		FOR LAB USE ONLY		FOR LAB USE ONLY		FOR LAB USE ONLY	
Client:			Chain of Custody		Received by (Lab)		Date and time		Signature		Submitted by		Date		Signature	
Date and time of client's completion: _____ Client's signature _____			<input type="checkbox"/> Sealed		Shipment condition		Temperature on arrival		Optional Information		Committed by		Date		Signature	
			<input type="checkbox"/> Broken													
			<input type="checkbox"/> Not available													

a) **W** (Water), **DW** (Drinking water), **SW** (Surface water), **GW** (Ground water), **WW** (Waste water), **WW-G** (Waste water - grab), **WW-M** (Waste water - mixed), **IW** (Industrial water), **PW** (Swimming pool water), **WR** (Warm water), **SO** (Soil), **SL** (Sludge), **WA** (Waste), **SE** (Sediment), **BM** (Building material), **EM** (Emission), **IM** (Immision), **B** (Other solid material)
b) Please, see instructions chap. 17, if no warning symbol filled, the client declares the delivered sample(s) are not dangerous.

The price for the performed analysis is determined by the price offer of the provider, valid for the date that the order form is dispatched by the client. Prices stated in the price offer do not include value added tax, which will be charged by the provider in accordance with the applicable legislation. The client expressly declares that they are familiar with the provider's current price offer and agrees with the listed prices without reservation. By signing this order/transfer of samples, the client expressly confirms that they are familiar with the current wording of the General business and payment terms of the provider, published on the provider's web page www.alsglobal.cz, and that they agree to these terms without reservation and without reservation accepts them (provided that the contract does not stipulate otherwise).

Instructions for Chain of Custody completion

Please read the following instructions on how to correctly complete the chain of custody form carefully.

The correct completion of the chain of custody form ensures that the laboratory will process samples according to your requirements.

1. Fill out the name of the client and contact details.
2. If no change of the invoicing address has occurred (contact address, contact persons, telephone, e-mail), please cross out the NO box. In this case the data need not be filled out. The data registered in our laboratory information system will be used for sending an invoice. If a change of the invoicing address has occurred, please cross out YES and fill out the required data. Our Customer Support Department will contact you to verify the new data.
3. Specify the name of the Project.
4. Fill out the number of the valid quote according to which the order shall be invoiced. Unless the number of the quote is given, invoicing and conditions will be based on general terms and ALS price list, regardless of otherwise agreed conditions.
5. Fill out sampler name (ID number) and the sample location. Unless filled out, sampler field will state "-----" on the certificate of analysis.
6. Fill out special requirement for sample archiving period, charges may apply. ALS standard archiving period is, counted from the date the order is received, 4 weeks for liquid samples and 6 weeks for solid samples, unless otherwise agreed.
7. Fill out required due date for the delivery of results. A standard turnaround time for the delivery of results is 7 – 10 working days from receipt of samples to ALS business branch or directly to the laboratory. A turnaround time shorter than standard must be agreed at the handover of samples with an ALS employee to confirm that technological time of analyses can be met. If a shorter delivery is requested, please cross the "Express" option and also fill in your deadline. Express fees for 3 days or shorter will be applied (see tab below), delivery time of results are guaranteed.
8. Fill out legibly and clearly the sample identifications as you want them to appear in the Test Report. If there are more samples, another chain of custody form may be used. Mark the number of pages of the Chain of Custody in the upper right-hand corner (1 of 2, 2 of 2). The header of the Chain of Custody need not be filled out again.
9. Fill out the required analyses by entering the corresponding pricelist code. Entering the correct analysis code will enable an accurate identification of the required analysis and will eliminate potential problems with incorrect processing of samples.
10. For each sample, cross the analyses required. Alternatively, write the number of bottles shipped for each analysis requested.
11. Select a sample matrix from the list in the footer of the Chain of Custody a).
12. Fill out the date and time of sampling – unless the customer specifies the date and time of sampling, the laboratory will state the date of sample receipt into the laboratory as the date of sampling and such date will appear on the test report in square brackets. If the customer only gives the date of sampling, the time of sampling is specified as 00:00 in the test report.
13. Fill out the number of containers shipped for the given sample.
14. Please inform us about possible hazardous or contamination risks – select from the list of codes in the footer of the Chain of Custody. Choose the code from the list in chap. 17.
15. If necessary, fill in any remark about your sample.
16. Fill out the date of completion of the Chain of Custody form and sign it.
17. Dangerous substances are:
F – Flammable, **T** – Toxic, **I** – Infectious, **C** – Corrosive, **E** – Explosive, **O** – Oxidizing, **N** – Narcotic, **R** – Radioactive, **Ir** – Irritant, **S** – Sensitizing, **CMR** – Carcinogenic, Mutagenic, Teratogenic, **Ot** – Other substance hazardous to the environment, or substances which are reactive with water and release flammable or toxic gas.

If the Chain of Custody is incompletely or untruthfully filled out, the laboratory does not assume responsibility for the performance of the analysis within the required timescale and in the required quality.

Please keep a copy of the Chain of Custody form.

Express fees:

On the same day	+200 %	1 working day	+100 %	2 working days	+50 %	3 working days	+30 %
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