

Southeastern Vermont Watershed Alliance/West River Watershed Alliance

CHAIN OF CUSTODY FORM

Revised by R. O'Donnell May 2016

**Make sure to list field duplicate
& blank samples as separate
entries on this form!**

Name of Lab: Connecticut River Watershed Council Lab (For E. coli testing only)

Sampler's Name(s): _____

Please note: Include field duplicate and blank samples in list; use only code names for field duplicate samples do not use their location ID # or names.

Site or Sample ID #	Site Name	Sample Date & Time	Analysis	Comment (Initial all comments)
			E. coli	
			E. coli	
			E. coli	
			E. coli	
			E. coli	

Relinquished by: Signature	Date/Time Relinquished	Received by: Signature	Condition on receipt (i.e. warm, cool, cold, frozen)	Date/Time Received
Relinquished by: Signature	Date/Time Relinquished	Received by: Signature	Condition on receipt (i.e. warm, cool, cold, frozen)	Date/Time Received
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Additional Comments: