

CHAIN OF CUSTODY RECORD

<p style="text-align: center;">GENERATOR INFORMATION</p> <p>Name of Individual _____ E-mail _____ Dept _____ Phone # _____ Permanent Mailing Address _____ _____</p>	<p>IDAHO STATE UNIVERSITY TECHNICAL SAFETY OFFICE 785 S. 8th St., Physical Sciences Rm. 101 Campus Box 8106, Pocatello, ID 83209 Tel. 208.282.2310 Fax. 208.282.4649</p>
<p style="text-align: center;">SAMPLE INFORMATION</p> <p>Sample Type <u>Urine</u> Sample Volume _____ mL Date Collected _____ (mm-dd-yy) Time Collected _____ (Military hhmm) Analysis Method Requested <u>Alpha Spectrometry (U-238, Pu-239, Np-237, Am-241, Cu-244)</u> Other Sample Description _____</p>	<p>SHIPPED TO:</p> <p style="text-align: right;">GEL Laboratories LLC 2040 Savage Road Charleston, SC 29407 Tel. 843.556.8171 Fax. 843.766.1178</p>

¹IAC# IAC - _____
²TSO# TSO - _____

In an emergency contact: ISU Public Safety 208.282.2515

CHAIN OF CUSTODY SIGNATURES						³ SAMPLE ID #(s)
Relinquished By (Printed)	Date (mm-dd-yy)	Time (Military hhmm)	Received By (Printed)	Date (mm-dd-yy)	Time (Military hhmm)	
Relinquished By (Signed)			Received By (Signed)			
Relinquished By (Printed)	Date (mm-dd-yy)	Time (Military hhmm)	Received By (Printed)	Date (mm-dd-yy)	Time (Military hhmm)	
Relinquished By (Signed)			Received By (Signed)			
Relinquished By (Printed)	Date (mm-dd-yy)	Time (Military hhmm)	Received By (Printed)	Date (mm-dd-yy)	Time (Military hhmm)	
Relinquished By (Signed)			Received By (Signed)			

GENERATOR QUALITY STATEMENT: I affirm that the above containers have been inspected and found free of leaks, corrosion and damage, and that the contents are labeled correctly

¹ For IAC use only

² For TSO use only

³ Sample ID numbers for split samples are the same for each followed by "A" and "B" respectively

-Return this Chain of Custody with each sample