

Contact Names and Phone #'s:			Preservative (Y/N): Ethanol	Number of Containers	Type of Analysis Requested							Sample Check-in: Comments:					
					Recharged #1	Recharged #2	Sorted	QC of Sort Residue	Identification	QC of Identification (Internal)	QC of Identification (External)						
Fax #:					Address:			Macroinvertebrate Chain of Custody Project Name:		Page ____ of ____		Stream Name:		WA Site ID:		Collection Method	Log Number
Date:	Time:	Sample Identification #					<i>Initials and Date</i>										
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Sampled by (signature):		Date/Time:	Relinquished by Team Leader (signature):			Date/Time:		Relinquished Macros (signature):			Date/Time:						
Team Leader/Received (signature):		Date/Time:	Received by Lab (signature):			Date/Time:		Macros received by (signature):			Date/Time:						
Returned Macros (signature):		Date/Time:	Relinquished Macros (signature):			Date/Time:		Returned Macros (signature):			Date/Time:						
Lab Received (signature):		Date/Time:	Macros for Iding Received by (signature):			Date/Time:		Lab received Macros (signature):			Date/Time:						
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