

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 #			Initials and Date									
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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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