

Procedure:WAL.QAP.104.11	Date Issued: 09/25/2002	Effective Date: 3/29/2010
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## Form 104A - Laboratory Sample Retention Record (LSRR)

LTN: \_\_\_\_\_ Client Confidentiality # \_\_\_\_\_

### ACTIVE SAMPLE

Sample ID:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Checkmark Applicable Final Disposition)

- Final Sample Disposition:
- Dispose of as per WAL.QAP.104.\_\_\_\_\_
  - Return Samples to Client
  - Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Initials/Date: \_\_\_\_\_

### IN-ACTIVE SAMPLE

Sample Inactive Date: \_\_\_\_\_

(Date maintenance is being performed; note: date must be same or after report issue date)

Sample Expire Date: \_\_\_\_\_

(30 calendar days from inactive date)

Initials/Date: \_\_\_\_\_

### SAMPLE DISPOSITION RECORD

Final Disposition: (Circle One) WAL.QAP.104.\_\_\_\_\_ RTC: \_\_\_\_\_ Other: \_\_\_\_\_

Disposition Date/Initials: \_\_\_\_\_

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Initiated By \_\_\_\_\_ Date \_\_\_\_\_

**LTN 01234**

## CUSTOMER LOG SHEET

Company: \_\_\_\_\_

Log In Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Client ID# \_\_\_\_\_

PO NUMBER: \_\_\_\_\_

Contact Name: \_\_\_\_\_

WAL.QAP.104.11 Revision Date: 3/29/2010 Form 104b

Number of Sample(s): \_\_\_\_\_; Quantity of each sample(s): \_\_\_\_\_

Sample Identification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Receiving Comments: \_\_\_\_\_

### INSTRUCTIONS / SPECIAL REQUIREMENTS:

**Contract Review:** (Checkmark all applicable requirements / Not Checked indicates Not Applicable)

- Verification of Test Method
- If Client Protocol/ Method are provided: Assignment of Form 117c
- Verification of Sample Description
- Verification of Test Specifications
- Verification of Client Specification Instructions (To be noted in Instructions/ Special Requirements Section)

Contract Review By: \_\_\_\_\_

Date: \_\_\_\_\_

Final Data Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Form 104b**

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## CHAIN OF CUSTODY SAMPLE TRACKING RECORD

Customer:	Contract Attachments:	Total Number Of Samples:	Laboratory Tracking #:
Client Confidentiality ID #:	Relinquished By:	(Date/Time)	Received By:
Contact Name:	Relinquished By:	(Date/Time)	Received By:
Phone:	Relinquished By:	(Date/Time)	Received By:

Sample ID	Sample Description	Sample Condition	Holding Location	Analysis Requested	Test Method	Technician/ Initials	Date of analysis	Sample Disposition