Sampler	Phone #:	Contact Person:		Lab Number
	831-771-4162	Marco Sigala	Phone #: 831-771-4173	
Mailing Address		**Shipping Address**		**Field Number**
		7544 Sandholdt Road	email: msigala@mlml.calstate.edu	
7544 Sandholdt Road		**City**	**State** / **Zip**	**Lab Storage**
City / **State** / **Zip**		Moss Landing	CA / 95039	
		Mailing Address		**Spill Title**
Moss Landing / CA / 95039		7544 Sandholdt Road		
Date Required/Reason		**City**	**State** / **Zip**	**Suspect**
		Moss Landing	CA / 95039	
Shipped Via				**Index-PCA**

☐ **SWAMP Region:**_____ **Fiscal Year:** _____ **Leg:** _____

☐ **Project ID:** _____

☐ **Season:** _____ **Event:** _____

Water Temp: **F or C** **pH:** **DO:** **mg/L Conductivity:** ***u*** **mhos/cm**

Analysis Requested

Please provide separate list of species collected and attach to COC. ←

Sample Identification/Location (Draw map on separate sheet if necessary)	Collection Date	Collection Time	Bioaccumulation, mussels	Bioaccumulation, fish	Bioaccumulation, corbicula (specify)	Bioaccumulation, other n(specify)						Sample Type: Water	Sample Type: Filtered Water	Sample Type: Soil	Sample Type: Filter	Number of Containers: Plastic	Number of Containers: Glass	Number of Containers: VOA Vial	Number of Containers: Foil Wrap	Preservation: Temp	Preservation: Acid	

Problem Description

Suspect/Incident Location

Comments/Special Instructions

Pollution Action Kit: Yes☐ No☐

Glove Size: Large ☐ Medium ☐

Hazmat Shipper Requested: Yes☐ No☐

Samples Relinquished By (Signature)	Print Name	Date	Received By (Signature)	Print Name