

SRCS D – ENVIRONMENTAL LABORATORY

LABORATORY SERVICE AGREEMENT

1. Program/Project Description & General Information

Date Generated: _____ Date Received: _____ LSA Number (lab) _____

Program/Project Name: _____

Originator: _____ Telephone #: _____ Agency/Org.: _____

Billing Address: _____ Interoffice Mail Code: _____

Project/Program description: See below See attachment

Nature of work: Compliance Other _____

2. Program/Project Organization and Evaluation

Role	Name	Phone	Email Address
Program/Project Manager			
Program/Project Administrator			
Laboratory Manager			
Laboratory Program Coordinator			
Laboratory Quality Assurance Officer			
Sample Collection			
Sample Custodian			

Program/Project Review Intervals (e.g., Quarterly, Annually, As Needed): _____

3. Subcontract Laboratory Management

Laboratory Name	Contact Name	Telephone	Parameter(s)	Est. Cost

4. Sample Collection and Handling

Samples collected by:

Lab Staff

Customer

Sample containers provided by:

Lab

Customer

Sample preservation:

Ambient

Cooler

Field Preserved

Shipment containers provided by:

Lab

Customer

Special sample collection and handling requirements/conditions:

[Empty text box for special requirements]

5. Sample Tracking

Chain-of-Custody (COC) requirements:

Standard

Non-standard (describe below)

[Empty text box for COC non-standard requirements]

Holding time criteria:

Standard

Non-standard (describe below)

[Empty text box for holding time non-standard criteria]

Sample storage requirements:

Standard

Non-standard (describe below)

[Empty text box for sample storage non-standard requirements]

Sample disposition requirements:

Standard

Non-standard (describe below)

[Empty text box for sample disposition non-standard requirements]

6. Sample Scheduling and Turnaround Requirements

Start date: _____

End Date: _____

Other, see attached

Sampling days: _____

Delivery days _____

Turnaround:

Standard 21 days

Other _____

Please note that a surcharge may be assessed on rush work requiring OT, or for work performed by contract laboratory that falls outside of their standard published turnaround times.

8. Quality Assurance / Quality Control (QA/QC) Requirements

Program/Study specific QA/QC requirements and acceptance criteria (describe below or include as an attachment) **OR** Apply laboratory QA/QC standard

Data Quality Acceptability Criteria

Sample Type	Objective/Parameter	Frequency of Analysis ¹	Control Limits	Corrective Action

Notes: (1) The method default documentation defines frequency per batch (an uninterrupted series of analyses).

9. Report Format and Deliverables

Standard Hardcopy Report Verbal (phone) _____ Special Data Package (see attachment)
 Electronic PDF, email (see § 2) FAX #: _____
 Overnight express EDD (see LIMS Administrator)
 Report mail address, if different from billing address (see § 1): _____ Interoffice mail code: _____

10. Authorized Representatives

The person(s) listed below is/are authorized representatives to receive program/project information:

1. Name: _____ Phone # _____
 2. Name: _____ Phone # _____
 3. Name: _____ Phone # _____

11. Approval Signatures

Title	Name	Signature	Date
Program Manager	_____	_____	_____
Program Administrator	_____	_____	_____
Laboratory Manager	_____	_____	_____
Lab QA Officer	_____	_____	_____
Program Coordinator	_____	_____	_____

12. Distribution (as applicable):

Program Mgr. (original) Program Admin. Program Coordinator Lab Manager
 Biol. Sect. Supv. Chem. Sect. Supv. Conv. Chem. Sect. Supv. Lab Adm. Supv.
 Lab QA Officer Other (specify) _____
 Lab Office File Distribution Date: _____ Distributed by: _____