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CHAIN OF CUSTODY

Lab Copy

CLIENT INFORMATION	BILLING INFORMATION	COURIER SERVICE	
Client:	Address:	Date Ordered:	Time: Initial:
Address:		Schd P/U Date:	Time:
		☐ Courier Charge:	Waiting Time:
Phone:	☐ Prepaid:	☐ Rush ☐ After Hours ☐ Back Track ☐ NC	
Contact:		Please pick one of the following:	
E-mail:	Special Instructions:	☐ Sampling ☐ Pick-Up ☐ Delivery ☐ Special Project	
P.O.:		Pick-Up Address:	
Notes:			

LAB USE ONLY	DESIGNATION OR PRODUCT DESCRIPTION				CONTAINER(S)		ANALYSIS REQUESTED
JOB NUMBER	SAMPLE			SAMPLE DESCRIPTION	#	PRESER-VATION	
	MTRX	DATE	TIME				

Relinquished By: Signature	Date:	Time:	Received By: Signature	Date:	Time:
Relinquished By: Signature	Date:	Time:	Received By: Signature	Date:	Time:
Condition of Sample: ☐ Ambient ☐ Cold ☐ Frozen ☐ Other	Cooler Temp:		How Transported: ☐ Ambient ☐ On Ice ☐ In Ice Chest	Temp:	pH:

Extra charges may apply for rush analysis, special sample preparation, non-typical report format, or other non-typical customer request or needs.

Date 02/25/2010