

Chain of Custody

LABORATORY CLIENT		Issue #	Prepared by:		Project ID:		
STREET ADDRESS		Issue date:	Reviewed by:		Project description		
CITY, STATE/PROVINCE; POSTAL CODE		Total pages:	Approved by:		Account/PO Number		
TELEPHONE:	E-MAIL ADDRESS:	SPECIAL INSTRUCTIONS			Sampled by:		
SAMPLING							
SAMPLE ID	DATE (mm/dd/yy)	TIME (hh:mm) Zone	DESCRIPTION	TOTAL VOLUME (mL)	Requested service	Notes/comments	
Relinquished by (print name and signature):				Received by:(Signature/Affiliation)		Date	Time
Relinquished by (print name and signature):				Received by:(Signature/Affiliation)		Date	Time