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CHAIN OF CUSTODY FORM

In-Lab Job#: _____
 Reporting time req'd:

Regular Turnaround	
Rush Turnaround	

Company/Project Name: _____ Street Address & PO Box: _____ City/Town: _____ Province: _____ Postal Code: _____	PO# / Project Ref# / other details relevant to lab analyses or invoicing:		
Contact Person(s): _____	Phone#: _____	Fax#: _____	Email address: _____

Comments/Irregularities observed at sample collection time and/or sample check-in time:

In-Lab sample#	In-Field Sample Identification	Date collected	Time collected	TESTS REQUIRED (please mark with an "X")							NOTES

Collected in-field by: _____	date	time	Relinquished by: _____	date	time
Relinquished by: _____	date	time	Relinquished by: _____	date	time
Relinquished by: _____	date	time	Received in laboratory by: _____	date	time