

Chain of Custody

Client Name:	
Project Location:	
Sample Collected by:	
Contact Email:	
Contact Phone:	
Purchase Order:	

	Sample Id/Name	Domestic/Utility/Critical	Test Codes Request	Time/Date Collected
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes

Laboratory Use			
Relinquished by:	Date/Time	Received by:	Sample Intake:
Signature		Signature	Arrived Intact:
			Yes No
Signature		Signature	Temperature on Arrival
Signature		Signature	Preserved in the Field:
			Yes No