Quality Analysis...

Innovative Technologies

CHAIN OF CUSTODY RECORD

THIS SECTION FOR LABORATORY USE ONLY

CLIENT NAME:

REPORT TO:

INVOICE TO:

PHONE & FAX NUMBER:

CLIENT REFERENCE/ PROJECT NUMBER:

NOTES:

REQUEST NUMBER: (RN#)

ENTERED BY:

STORAGE SHELF:

COURIER USED:

COURIER REFERENCE NUMBER:

ANALYSIS REQUESTED

CLIENT I.D. #	SAMPLING DATE MM/DD/YR	SAMPLING TIME HH:MM	SAMPLE DESCRIPTION					

DESTINATION CODES / D.C.: L - LABORATORY **S** - SHIPPER **C** - CUSTOMER

a-RELINQUISHED BY: RECEIVED BY: D.C. DATE: (MM/DD/YY) TIME: (0000 HRS)

b-RELINQUISHED BY: RECEIVED BY: D.C. DATE: (MM/DD/YY) TIME: (0000 HRS)

c-RELINQUISHED BY: RECEIVED BY: D.C. DATE: (MM/DD/YY) TIME: (0000 HRS)

d-RELINQUISHED BY: RECEIVED BY: D.C. DATE: (MM/DD/YY) TIME: (0000 HRS)

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