CHAIN OF CUSTODY RECORD

CLIENT INFORMATION

Supply Name _____

Client Address _____

City _____ State _____ ZIP _____

Phone # _____ Email _____

Reporting Officer _____ Sample Collector _____

SAMPLE INFORMATION

		Collection		Lab Use Only	
Sample Location	Tests	Date	Time	Temp	Lab ID

Relinquished By _____ Date _____ Time _____

Lab Use Only

Received By (Courier) _____ Date _____ Time _____

Received By (Laboratory) _____ Date _____ Time _____

Comments:

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