Soil Control Lab

CHAIN-OF-CUSTODY

Page __ of __

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Client/Company Name:	Comments/Special Instructions:
Attn:	
Address:	
Phone:	
Fax:	
E-mail:	
Project Name:	Send Invoice To:
Project Number:	P.O. / Contract No:

Analyses Requested							Lab Use Only:
							Storage Location:
							Freezer #:
							Refrigerator #:
							Shelf #:

		Sample Information			Bottle or Container Information												
Lab Use Only: ID Number	Client Sample Identification	Sampling Date	Sampling Time	Matrix	Sample Preservative	Bottle Type	Bottle Size	No. of Bottles									Sample Condition

Sampler's Signature and Printed Name:

Relinquished By (Signature and Printed Name):	Date	Time	Transported By:	Received By (Signature and Printed Name):	Date:	Time: