



**CHAIN OF CUSTODY RECORD - ORGANICS LAB**

CLIENT NAME:

THIS SECTION FOR LABORATORY USE ONLY

REPORT TO:

REQUEST NUMBER: (RN#)

INVOICE TO:

ENTERED BY:

PHONE NUMBER:

STORAGE SHELF:

CLIENT REFERENCE/ PROJECT NUMBER:

COURIER USED:

NOTES:

COURIER REFERENCE NUMBER:

ANALYSIS REQUESTED

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

**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)