

CHAIN OF CUSTODY RECORD ANALYTICAL SERVICES REQUEST



4630 Indiana Street • Golden, CO 80403
 Phone: (303) 278-4455
 FAX: (303) 278-7012

CLIENT _____ Lab # _____
 CONTACT NAME _____ P.O. # _____
 ADDRESS _____ BILLING ADDRESS _____

 PHONE # _____ FAX # _____

SAMPLERS: (Signature) _____

NUMBER OF CONTAINERS

ANALYSES REQUESTED							

SAMPLE IDENTIFICATION	DATE	TIME	SAMPLE TYPE	NUMBER OF CONTAINERS	ANALYSES REQUESTED								REMARKS	

(Signature) RELINQUISHED BY _____	DATE _____	TIME _____	(Signature) RECEIVED BY _____	DATE _____	TIME _____	COMMENTS:
RELINQUISHED BY _____			RECEIVED BY _____			
RELINQUISHED BY _____			RECEIVED BY _____			
DISPATCHED BY: _____			RECEIVED FOR LAB BY: _____			

METHOD OF SHIPMENT: FED X UPS COURIER HAND-DELIVERY OTHER _____