

## Laboratory Chain of Custody

<b>Client: Please fill out:</b>	<b>Copy of report sent to:</b>
Company:	Company:
Contact:	Contact:
Address:	Address:
City, ST, Zip.:	City, ST, Zip.:
Telephone:	Telephone:
Fax:	Fax:
e mail:	e mail:

Date: \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_

Job #/ Name: \_\_\_\_\_

Payment Method: Credit Card \_\_\_ Est. Acct. \_\_\_

Analyses Requested

Write sample information in horizontal rows. Write test name(s) or code(s) in verticle boxes at left. Mark an "X" at the intersection(s) where appropriate.

Sample Identification	Date Sampled	No. of Containers	Sample Matrix						Lab Use Only	
									Sample Condition	LAB ID

<b>Releasing</b>	Date/Time	<b>Receiving</b>	Date	Time
Releasing signature 1		Receiving Signature 1		
Releasing signature 2		Receiving Signature 2		
Releasing signature 3		Receiving Signature 3		

Submission of samples to Laboratory with a Chain of Custody constitutes a contract for services requested. Provide payment detail with each COC. If no payment information is provided, you will be contacted by the laboratory. We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests, but because of factors beyond our control, in sampling procedures and inherent sample variability in compost, soils, plants and water our liability is limited to the price of the tests.