



Laboratory Chain of Custody

Client: Please fill out:			Copy of report sent to:			Job #/ Name					
Company:			Company:			Payment Method: Credit Card _____ Est. Acct. _____					
Contact:			Contact:			Tests required	Tests required	Tests required	Tests required		
Address:			Address:								
City, ST, Zip.:			City, ST, Zip.:								
Telephone:			Telephone:								
Fax:			Fax:								
e mail:			e mail:								
			Requested Tests							Lab Use Only	
Sample Identification	Date Sampled	Sample Matrix	USCC & DOT CTDS Test C1 C2	State: DOT CTDS Test C3	Other 1	Other 2	Other 3	Other 4	Sample Condition	LAB ID	
1											
2											
3											
4											
5											
Please list your feedstock and approximate percent used, process, and age of material. THANKS											
Compost #	manure type & %	biosolids % used	MSW % used	yard waste % used	foodwaste % used	industrial type & %	other type & %	composting process	age of material		
Sample 1											
Sample 2											
Sample 3											
Sample 4											
Sample 5											
Releasing					Receiving					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 and plants, our liability is limited to the price of the tests.