



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	<div>Lab Use Only</div> <div>Sample Condition LAB ID</div>		
Address:			Address:								
City, ST, Zip.:			City, ST, Zip.:								
Telephone:			Telephone:								
Fax:			Fax:								
e mail:			e mail:								
			Requested Tests								
Sample Identification	Date Sampled	Sample Matrix			Other 1	Other 2	Other 3	Other 4			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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.