



Chain of Custody

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Firm Name						Turn around time						Project Number				Date		Date Due				
Firm Address						Project Name						Number of Containers Analysis Desired (One per line)	Remarks									
City, State, Zip						State Samples Taken From																
Phone			Fax			Contact Person																
Item No	Lab I.D.	Client Sample Number	Date Taken	Time Taken	Sample Description (sample type: water, soil, other)											Remarks						
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
Released by				Received by				Date		Time		Laboratory use only										
												<input type="checkbox"/> Blue Ice _____° <input type="checkbox"/> Regular Ice <input type="checkbox"/> No Coolant										