CHAIN OF CUSTODY / SAMPLE INFORMATION FORM

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NAME:	CONTRACT/P.O. NUMBER:	(LAB USE ONLY)
ADDRESS:	SAMPLE TURNAROUND TIME:	LAB CONTROL #:
	PROJECT NAME/#:	REVIEWED BY:
CONTACT:	COMMENTS:	SAMPLER:
PHONE: / FAX:		

SAMPLE ID	SAMPLE LOCATION	MATRIX	CONTAINER DESCRIPTION	# of CONTAINERS	DATE	TIME	ANALYSIS REQUIRED/COMMENTS

TRANSFERRED BY:	RECEIVED BY:	DATE	TIME	REMARKS:
TRANSFERRED BY:	RECEIVED BY:	DATE	TIME	
TRANSFERRED BY:	RECEIVED BY:	DATE	TIME	