



1000 Atlantic Ave. ste 110
Alameda, CA 94501
(510) 899-8814

CHAIN OF CUSTODY RECORD

(SAMPLE SUBMISSION FORM)

Internal use only

CN-

CLIENT INFORMATION			
COMPANY:		ADDRESS:	
CONTACT NAME(S):			
PHONE:	E-MAIL:	PO#:	

INSTRUCTIONS:

- 1) Completely fill out "CLIENT INFORMATION" and "PROJECT INFORMATION" fields.
- 2) Include any special handling instructions for the samples in the "SPECIAL INSTRUCTIONS" field.
- 3) Print, date, and sign your name in the respective fields.
- 4) Submit this form with your shipment of samples.

PROJECT INFORMATION						ADDITIONAL INFORMATION										
PROJECT NAME:				QUOTE #:		Sample Storage		Disposition ¹		Hazards						
TOTAL # OF SAMPLES <i>(attach additional CoC's as needed):</i>		DUE DATE <i>(if applicable):</i>		SAMPLER'S NAME <i>(if applicable):</i>		Room Temp.	4 °C	-20 °C	-80 °C	Dispose	Return	Keep	Light	Air/Water	Toxic	
SAMPLE ID		SAMPLE DESCRIPTION														CONTAINER
						1	of									
						2	of									
						3	of									
						4	of									
						5	of									
						6	of									
						7	of									
						8	of									
						9	of									
						10	of									
						11	of									
						12	of									
COMMENTS/SPECIAL INSTRUCTIONS: <i>(attach additional information on separate sheets as needed)</i>						SENT BY <i>(print name):</i>				DATE:						
						SIGNATURE:										

¹ If no sample disposition has been selected, samples will be discarded 2 weeks after the date the project data is sent. If "Return" is selected, please also provide your FedEx/UPS account information, or any other return instructions. If "Keep" is selected, samples will be stored for 30 days after the date the project data is sent; client will then be charged \$10/sample for each month after.

E P O N L Y	① RECEIVED BY <i>(print name):</i>	DATE:	SIGNATURE:	RECEIVED <input type="checkbox"/> As stated above CONDITION: <input type="checkbox"/> NOT as stated above	STORAGE LOCATION:
	② TESTED BY <i>(print name):</i>	DATE:	SIGNATURE:	NOTEBOOK/ FILE REF.:	ADDITIONAL COMMENTS:
	③ VERIFIED BY <i>(print name):</i>	DATE:	SIGNATURE:	⑤ QA REVIEW: <input type="checkbox"/> Fields <input type="checkbox"/> SS <input type="checkbox"/> Filed	
	④ DATA SENT BY <i>(print name):</i>	DATE:	SIGNATURE:	QA SIGNATURE:	DATE: