



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(S):	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			SERIAL #												
				1												
				2												
				3												
				4												
				5												
				6												
				7												
				8												
				9												
				10												
				11												
				12												
				13												

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, client will then be charged upfront a minimum \$120/sample per year.

E P ONLY	① RECEIVED CONDITION: <input type="checkbox"/> As stated above <input type="checkbox"/> NOT as stated above	If not, state what other condition:	RECEIVED BY <i>(print name):</i>	DATE:	SIGNATURE:
	② SAMPLE INTEGRITY: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	If "FAIL", describe sample condition:	STORAGE LOCATION:	③ QA REVIEW: <input type="checkbox"/> Checked <input type="checkbox"/> Logged <input type="checkbox"/> Scanned	
	SAMPLE ANALYST <i>(print name):</i>	DATE:	SIGNATURE:	DATE:	QA SIGNATURE: