



Send The Report To:

Send Invoice To:

Lab Number[s] _____ Chain of Custody Record Page _____ of _____

[illegible]

Site Name	Report Due Date
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Collected By signature Verbal / Fax / Hard Copy / Email
 Other: Other:

[illegible]

Remarks	Relinquished By	Date	Time
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Received By	Date	Time	Relinquished By	Date	Time	Received By	Date	Time	Relinquished By	Date	Time
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☐ Disposal By Laboratory ☐ Return to Originator Archive _____ ☐ Months

LAB USE ONLY

Received For lab by	Date	Time	Opened By	DATE USE OPEN	Date	Time	Temp °	Seal N°	Condition
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Remarks									
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