

CHAIN OF SAMPLE CUSTODY RECORD

Laboratory Name:	
Laboratory Address:	
Laboratory Contact:	
Laboratory Phone:	

Analysis and Number of Containers							

Sender Name:	
Sender Address:	
Sender Contact:	
Sender Phone:	

	Sample ID	Collection Date & Time	Grab or Composite	Sample Matrix	Container Type & Size	Sample Preservation								
1														
2														
3														
4														
5														
6														
7														
8														

Samples collected by:

<i>Signature</i>	<i>Printed Name</i>
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Relinquished by: <i>(Signature)</i>	Date / Time	Received by: <i>(Signature)</i>
Relinquished by: <i>(Signature)</i>	Date / Time	Received by: <i>(Signature)</i>
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