



Chain of Custody

QF-5.8.1 rev. 4
05/04/18

Company Contact Name Address: City, State, Zip Phone # Fax # Email	Client Information		Billing Information		PO Number:		Project Name/Number:		
					Quote Number:		Sampler's Signature:		
				Number of Containers	Requested Tests				Comments
Collection Information									
Sample ID/Description		Date	Time		G/C				

Relinquished by:	Date:	Time:
Relinquished by:	Date:	Time:
Relinquished by:	Date:	Time:
Field Notes:		

Received By:	Date:	Time:
Received By:	Date:	Time:
Received By:	Date:	Time:
Temp Received:		

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