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CHAIN OF CUSTODY RECORD

Billing Information (if different)
Contact Name, Address & Phone

Project Name: _____

Project No: _____

Results:
(check box)

	FAX:
	PHONE:
	E-MAIL:
	MAIL

Customer Information			# OF CONTAINERS	PLM - BULK	TURNAROUND	
SAMPLE #	SAMPLE DESCRIPTION/ID	DATE/TIME			<input type="checkbox"/> 1 HR <input type="checkbox"/> 3 HR <input type="checkbox"/> 24 HR	<input type="checkbox"/> 48 HR <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day
RELEASED BY (Signature)	DELIVERY METHOD	RECEIVED BY (Signature)	COMPANY		DATE / TIME RECEIVED	CONDITION
			Mountain Laboratories			