CHAIN OF CUSTODY RECORD

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

Project Name: _____

Project No: _____

Results: (check box)

☐	PHONE:
☐	E-MAIL:
☐	MAIL:

Customer Information			# OF CONTAINERS	PLM - BULK	TURNAROUND ☐ 1 HR ☐ 48 HR ☐ 3 HR ☐ 3 Day ☐ 24 HR ☐ 5 Day
SAMPLE #	SAMPLE DESCRIPTION/ID	DATE/TIME			REMARKS

RELEASED BY (Signature)	DELIVERY METHOD	RECEIVED BY (Signature)	COMPANY	DATE / TIME RECEIVED	CONDITION
			Mountain Laboratories		