

Chain of Custody Form for Sample Submission

Client Information¹

Date: _____
Submitted by: _____
Address: _____
to: _____

E-mail: _____
Telephone # _____ Fax # _____

Completed by Laboratory Personnel

Reported to: _____
Email: _____
Invoiced _____
Address: _____

Telephone: _____ E-mail: _____

Service Requested: ☐ Routine Analysis (10 – 12 Business Days)

☐ Rush (extra fees apply, please contact the lab)

Senders Sample ID (4 Digits)	Lab Sample ID	Date Collected	Sampling Location	Matrix and Size	Container Type	Requested Test No.

Chain of Custody Record

Relinquished by:	Date:	Received by:	Date:	Remarks:
	Time:		Time:	
Relinquished by:	Date:	Received by:	Date:	Remarks:
	Time:		Time:	

For Laboratory Use Only:

Sample collection procedure followed the EQTL sample submission policy: Yes No NA

☐ **Sample Accepted:**

Sample opened by: _____ Date sample Opened: _____ Time: _____ Sample Stored: _____
Date Testing/Analysis Initiated: _____ Date Testing/Analysis Completed: _____

☐ **Sample Rejected (explain why):** _____

Significant Conversation: _____

