



LAB USE ONLY	Date:			
Lab ID	Analysis Code	Quantity		

## Submittal Form / Chain of Custody (Rev. 180123)

Submitted Total , Shall of Subtody (Rev. 100123)										
Contact Information			Billing Information							
Company:			Contact:							
Contact/Rep:			Address:							
Address:										
			Phone/Fax:							
Phone/Fax:			Email:							
Email Address:			Please send invoice via: □Email □Fax							
Please copy results to the following email addresses:			Purchase Order:							
Ce:			Project Name:							
Cc:			Check if your account has a credit card on file: $\Box$							
Sample Description (please label samples to match)		Sampled (date/time)	Matrix (media, soil, tissue, water, fert, other)	Analysis Request (reference service code if possible)						
Chain of Custody										
Relinquished by:	Date:	Time:	Received by: Date			Date:	Time:			
Relinquished by:	Date:	Time:	Received by QAL: Date: 7			Time:				
Shipping Details & Tracking #:	•	•	•							