



LAB USE ONLY		Date:
Lab ID	Analysis Code	Quantity

## Pathology Form / Chain of Custody (Rev. 130711)

Contact Information	Billing Information
Company:	Contact:
Contact/Rep:	Address:
Address:	
	Phone/Fax:
Phone/Fax:	Email:
Email Address:	Please send invoice via: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax

Please copy results to the following email addresses:	<b>Purchase Order:</b>
Cc:	Project Name:
Cc:	Check if your account has a credit card on file: <input type="checkbox"/>

Sample Description <small>(Please label samples to match)</small>	Plant Name	Analysis Request <small>(TM-900, TM-902, TM-912)</small>	Parts Affected <small>(roots, leaves, stem, trunk, branches, flowers, fruit)</small>	Symptoms <small>(wilted, yellowed, spotted, discolored, rotted, distorted, mosaic, stunted)</small>

Chain of Custody					
Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by QAL:	Date:	Time:
Shipping Details & Tracking #:					

Send Samples to: QAL 925 Cherry Street, Panama City, FL 32401  
(P) 850-872-9595 (F) 850-872-9535  
WWW.QAL.US