

# FOUSER ENVIRONMENTAL SERVICES - AGRICULTURAL DIVISION

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## CHAIN OF CUSTODY RECORD

<b>Client/Company Ordering Test</b>	<b>Location/Address</b>	<b>Contact Information (phone/email)</b>
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<b>Sampler (Signature)</b>	<b>License No.</b>	<b>Exp. Date</b>	<b>Sample Description</b>	If plant material is used, please mark all applicable parts of the plant to be analyzed. If marked composite, please indicate F/L/S combination in space provided Note: equal portions will be composited prior to analysis
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FES Lab #	Collection		Customer Sample ID / Description	Matrix	Analyses Requested	Sample Prep Preferences
	Date	Time				
						<input type="checkbox"/> Flower <input type="checkbox"/> Leaf <input type="checkbox"/> Stem <input type="checkbox"/> Comp_____
						<input type="checkbox"/> Flower <input type="checkbox"/> Leaf <input type="checkbox"/> Stem <input type="checkbox"/> Comp_____
						<input type="checkbox"/> Flower <input type="checkbox"/> Leaf <input type="checkbox"/> Stem <input type="checkbox"/> Comp_____
						<input type="checkbox"/> Flower <input type="checkbox"/> Leaf <input type="checkbox"/> Stem <input type="checkbox"/> Comp_____
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						<input type="checkbox"/> Flower <input type="checkbox"/> Leaf <input type="checkbox"/> Stem <input type="checkbox"/> Comp_____
						<input type="checkbox"/> Flower <input type="checkbox"/> Leaf <input type="checkbox"/> Stem <input type="checkbox"/> Comp_____
						<input type="checkbox"/> Flower <input type="checkbox"/> Leaf <input type="checkbox"/> Stem <input type="checkbox"/> Comp_____

<b>Relinquished By:</b>	<b>Received By:</b>	<b>Date</b>	<b>Time (24 hr)</b>	<b>Data entered by:</b> _____  <b>Method of Delivery:</b> <input type="checkbox"/> FES <input type="checkbox"/> Client <input type="checkbox"/> UPS/Fed Ex <input type="checkbox"/> Other
<b>Relinquished By:</b>	<b>Received By:</b>	<b>Date</b>	<b>Time (24 hr)</b>	
<b>Relinquished By:</b>	<b>Received By:</b>	<b>Date</b>	<b>Time (24 hr)</b>	

<b>MATRIX CODES:</b> pl - plant    pd - pre-dried    oil - oil    o - other	<b>VISUAL DESCRIPTION:</b>
<b>CONTAINER CODES:</b> <input type="checkbox"/> glass bottle <input type="checkbox"/> plastic bottle <input type="checkbox"/> paper bag <input type="checkbox"/> plastic bag <input type="checkbox"/> amber glass bottle <input type="checkbox"/> amber plastic bottle	