



CHAIN OF CUSTODY

MUFON of MISSOURI LABORATORY
 3627 Red Rooster Lane, Farmington, Missouri 63640
 314-757-2498
momulab@gmail.com

CLIENT INFORMATION

MUFON OFFICER TITLE: _____
 INDIVIDUAL NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 EMAIL ADDRESS: _____
 SAMPLED BY: NAME _____ Initials: _____
(please print)

For Laboratory Use				
Report#:	Acct #:	PO #:		
Sample Check-In				
Ice	Broken	Evidence Tape	Fixative	Not
Present	Container(s)	Present	Preserved	Preserved
YES []	YES []	YES []	YES []	YES []
NO []	NO []	NO []	NO []	NO []
N/A []	N/A []	N/A []	N/A []	N/A []
Lab Personnel Performing Check-In (Initials) : _____				

	Lab ID <i>(For Lab Use)</i>	Sample Identification	Samples Taken		Preservation				Grab	Comp	Analysis Requested
			Date	Time	Matrix	Type	Temp	pH			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Relinquished by:			Date:	Time:	Received by:			Date:	Time:		
Relinquished by:			Date:	Time:	Received In Lab by:			Date:	Time:		

