

CHAIN-OF-CUSTODY RECORD AND ANALYSIS REQUEST

J.O.#	CLIENT NAME ADDRESS PHONE #						ANALYSIS TYPE REQUESTED									
SAMPLER'S SIGNATURE																
SAMPLE LOCATION	SAMPLE I.D.#	TIME	DATE	SAMPLE TYPE												
				Grab	Composite	Matrix										

REMARKS:



429 River Lane, P.O. Box 27
 Amasa, Michigan 49903
 Phone (906) 822-7373, Fax -7977

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