



LAB USE ONLY	Date:			
Lab ID	Analysis Code	Quantity		

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

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:					
Сс:			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:	, and the second			Date:	Time:	
Relinquished by:	Date:	Time:	Received by QAL:			Date:	Time:	
Shipping Details & Tracking #:								