



CHAIN OF CUSTODY FORM

In-Lab Job#: _____
 Reporting time req'd:

| | |
|--|-------|
| Regular Turnaround | _____ |
| Rush Turnaround (additional charges apply) | _____ |

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 Phone: 1-877-420-2099 Fax: 1-888-900-1810
 Laboratory Contact: Shari Lafreniere
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| | | | |
|--------------------------------|------------------------------|-------------|----------------------|
| Company/Project Name: _____ | PO#: _____ | | |
| Street Address & PO Box: _____ | Project Ref#: _____ | | |
| City/Town: _____ | Project Manager: _____ | | |
| Province: _____ | Project Manager Email: _____ | | |
| Postal Code: _____ | | | |
| Contact Person(s): _____ | Phone#: _____ | Fax#: _____ | Email address: _____ |

Comments/Irregularities observed at sample collection time and/or other details relevant to lab analyses or invoicing: _____

| In-Lab sample# | In-Field Sample Identification | Date collected | Time collected | TESTS REQUIRED (please mark with an "X") | | | | | | NOTES |
|------------------------------|--------------------------------|----------------|----------------|--|--------------------|--|--|------|------|-------|
| | | | | Clubroot | Weed Seed Analysis | | | | | |
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| Collected in-field by: _____ | | date | time | Relinquished by: _____ | | | | date | time | |
| Relinquished by: _____ | | date | time | Relinquished by: _____ | | | | date | time | |
| Relinquished by: _____ | | date | time | Received in laboratory by: _____ | | | | date | time | |