



CHAIN OF CUSTODY FORM

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

Regular Turnaround	
Rush Turnaround (additional charges apply)	

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 Laboratory Contact: Carey Matthiessen
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 Phone: 1-877-420-2099 Fax: 1-888-900-1810
 Laboratory Contact: Ioana Stroe
 Email: ioana@2020seedlabs.ca

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: _____
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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					

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