SOIL TESTING CHAIN OF CUSTODY FORM

20/20 Seed Labs Inc.

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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Laboratory Contact: Ioana Stroe
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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:

				TESTS REQUIRED (please mark with an "X")							
In-Lab sample#	In-Field Sample Identification	Date collected	Time collected	**Clubroot**	**Weed Seed Analysis**	**Aphanomyces**	**Pulse Root Rot Package**	**Fusarium sp.**	**Rhizoctonia solani**	**Pythium sp.**	**NOTES**

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