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Chain of Custody

Client Name:				Client's Address:			
Contact's Name:							
Contact's Phone Number:				Submitting County (if applicable):			
Fax Number:				Site Location:			
Samplers:				Email Address:			
Sample Type	Sample Identification	Date Sampled	Time Sampled		Analysis	Lab#	
Sent by: (signature)		Preservation Method:		1	Received by: (signature)		
						1 = .	
Date Sent:		Time Sent:			Title:	Date:	