



Chain of Custody

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