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CHAIN OF CUSTODY RECORD

CUSTOMER:	PHONE #:	P.O.#:
ADDRESS:	CITY:	STATE: ZIP:

SAMPLE ID	SAMPLE TYPE	QTY	SAMPLE DESCRIPTION	TEST REQUESTED / SPECIFICATION

RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME
RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME
RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME

COMMENTS: