EBERLINE SERVICES

Richmond Laboratory

Chain of Custody

CLIENT: _____

ADDRESS: _____

_____

PROJECT: _____

PURCHASE ORDER NO. _____

DATE_____PAGE____OF___

TAT (IN DAYS)_____

OBSERVATIONS, COMMENTS, VOLUMES, SPECIAL OR ADDITIONAL TEST

SAMPLERS SIGNATURE:

PARAMETERS

SAMPLE NO.	DATE	TIME	LOCATION													SAMPLE TYPE OR MATRIX	# CONTAINERS	

1) RELINQUISHED BY / DATE:	2) RECEIVED BY / DATE:	3) RELINQUISHED BY / DATE:	4) RECEIVED BY / DATE:	TOTAL NO. OF CONTAINERS:
COMPANY:	COMPANY:	COMPANY:	COMPANY:	METHOD OF SHIPMENT:
5) RELINQUISHED BY / DATE:	6) RECEIVED BY / DATE:	7) RELINQUISHED BY / DATE:	8) RECEIVED BY / DATE:	SPECIAL SHIPMENT-HANDLING, STORAGE REQUIREMENTS, OR POSSIBLE HAZARDS
COMPANY:	COMPANY:	COMPANY:	COMPANY:	

2030 Wright Avenue P.O. Box 4040 Richmond, CA 94804-0040 (510) 235-2633 FAX No. (510) 235-0438