



**CHAIN OF CUSTODY AND SAMPLE ANALYSIS REQUEST FORM**

CUSTOMER INFORMATION

Date Sent/Delivered:	P.O.#:
Company Name and Address:	Contact Name:
	Phone:
	Fax:
	Email Address:
Send Invoices to (if different from above):	
Company Name and Address:	Contact Name:
	Phone:
	Fax:

SAMPLE INFORMATION-USE ADDITIONAL FORMS AS NECESSARY

Sample Identification	Analysis Requested (Please include any special instructions)

NOTE: Please contact the lab directly prior to any ASTM testing so that we can assist you with sample preparation or test organism selection.

FOR INTERNAL BIOSAN USE ONLY

	Date	Time	Initials	Sample Location and Temp.
Samples Received				
Samples Delivered to Lab				
Lab Report Given to Office				