



CHAIN OF CUSTODY

1500 N. State Street #200
 Bellingham, WA 98225
 (360) 734-9033 FAX (360) 734-0467
 www.avocetlab.com

CLIENT _____ CONTACT NAME _____ BILLING NAME _____
 ADDRESS _____ DAY PHONE _____ ADDRESS _____
 CITY, STATE, ZIP _____ FAX _____ CITY, STATE, ZIP _____
 COLLECTED BY _____
 PROJECT NAME: _____ P.O.# _____ PHONE _____

SAMPLE IDENTIFICATION	MATRIX	NO OF CONTAINERS	SAMPLE DATE/TIME	PRESERVATION	ANALYSIS / METHOD REQUESTED	LOG NO (LAB USE ONLY)	
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
		GLASS _____ PLASTIC _____ OTHER _____					
REMARKS:					REC'D VIA: <input type="checkbox"/> CLIENT <input type="checkbox"/> AET <input type="checkbox"/> OTHER_____	ON ICE? <input type="checkbox"/> YES <input type="checkbox"/> NO TEMP _____ °C	CUSTODY SEAL <input type="checkbox"/> YES <input type="checkbox"/> NO

DATE _____ TIME _____
 RELEASING SIGNATURE 1. _____
 DATE _____ TIME _____
 RECEIVING SIGNATURE 1. _____

DATE _____ TIME _____
 RELEASING SIGNATURE 2. _____
 DATE _____ TIME _____
 RECEIVING SIGNATURE 2. _____