BIO-CHEM CONSULTING SERVICES (1980) LTD.
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CHAIN OF CUSTODY and ANALYTICAL REQUEST FORM

CONTACT NAME: _____ Client Job # / Purchase Order #: _____/_____ Page___ of ___

Company Name _____
Address: _____
_____
Phone/Fax No. _____
Email Address _____

REPORT MODE	TURN AROUND TIME (TAT)
◊ FAX	DATE REQUIRED: _____
◊ MAIL	_____ REGULAR
◊ EMAIL	_____ PRIORITY (50% Surcharge)
	_____ RUSH (100% Surcharge)

SAMPLE IDENTIFICATION & DETAILS

DESCRIPTION	SERIAL NO.	SAMPLED BY (INITIALS)	DATE & TIME	MATRIX	SAMPLE VOLUME (L)	SAMPLE TIME (MIN)	NO. OF CONTAINERS	HAZARDOUS (X)	ANALYSIS REQUESTED					*FOR LAB USE ONLY: SAMPLE NO.*

ADDITIONAL INFORMATION (preservatives, special requests):_____

Relinquished By:	Date:	Received By:	Date:
	Time:		Time:
Relinquished By:	Date:	Received By:	Date:
	Time:		Time:

For Internal (Laboratory) Use Only
No. of Coolers/Boxes: _____ Receipt Temp: _____°C
Project Number:_____
Other:_____

Original: **Report Copy**
Copy: **Client Copy**

Notes: 1) The fields "Contact Name", "Sample Identification & Details", "Turn Around Time (TAT)", and "Analysis Requested" must be completed in order to avoid processing delays.
2) By relinquishing these samples you are pre-authorizing the laboratory to sublet the samples in whole or in part to an approved facility for analysis(es).
3) Please indicate in the checkbox any samples deemed hazardous.