

# Chain of Custody

**Accurate Testing Labs**

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<b>Results &amp; Invoice to:</b> Name: _____ Address: _____ Phone: _____ Fax: _____					<b>Reporting Requirements:</b> Preliminary: FAX <input type="checkbox"/> Verbal <input type="checkbox"/> by: ___/___/___ Final Report: FAX <input type="checkbox"/> Verbal <input type="checkbox"/> by: ___/___/___ Rushes: 48 hrs. <input type="checkbox"/> Other: <input type="checkbox"/>										<b>Name of Sampler:</b> <hr/>																				
<b>Project Information:</b> Project Name: _____ Project Number: _____ Purchase Order Number: _____					<b>ANALYSIS REQUEST</b>										<b>Remarks/Sample Conditions</b>																				
					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">NO. OF CONTAINERS</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															NO. OF CONTAINERS															
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Lab #	Sample ID	Date	Time	Matrix																															
<b>Relinquished by:</b>			<b>Date Time</b>		<b>Received by:</b>					<b>Date Time</b>					Chain of Custody Seals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Bus <input type="checkbox"/> Hand																				