

CHAIN OF CUSTODY RECORD

Patient's Name: _____

Telephone: _____

Address where samples were collected:

Owner's Name: _____

Owner's Address: _____

Collector's Name: _____ **Telephone:** _____
(Signature)

Date Sampled: _____ **Time Sampled:** _____

Type of Samples: _____

Field Information: _____

Field Sample/Number

Chain of Possession:

1. _____
(Signature) (Title) (Inclusive Dates)

2. _____
(Signature) (Title) (Inclusive Dates)

3. _____
(Signature) (Title) (Inclusive Dates)

Results Reported:

(Signature) (Title) (Inclusive Dates)

Complete All Applicable information including signatures, and submit with analysis request form.