

# CHAIN OF CUSTODY RECORD

Company Name _____ Address _____ _____ Phone _____ Fax _____ Email _____	Date Results Required By: _____  <p style="text-align: center;"><b>SEND ALL REPORTS TO:</b> <i>(Please write in required email address, fax number, street address etc)</i></p> <hr/> <p style="text-align: center;"><b>SEND ALL INVOICES TO:</b> <i>(Please write in required email address, fax number, street address etc)</i></p>	Purchase Order Number: _____  ARL Quotation Number: _____  <p style="text-align: center;"><i>LABORATORY USE ONLY</i></p> <p style="text-align: center;"><b>Payment Method</b></p> <p style="text-align: center;">Cash      Cheque      Invoice <small>(For Approved Customers Only)</small></p> <p style="text-align: center;"><b>Payment Received</b></p> <p style="text-align: center;">Yes - Receipt N<sup>o</sup>: _____      No</p>
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Comments			Analysis Required														ARL(WA) LAB N <sup>o</sup>
Sample ID	Sample Type (Water/Soil/Etc)	Container															

Received By: \_\_\_\_\_ Condition Upon Reveal: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_