CHAIN OF CUSTODY FORM

Name: _____ Acct #: _____

Address: _____

_____

_____

Phone: _____

Invoice to:

Results to:

Brookside LABS | AMERICAN AGRICULTURAL LABORATORY

700 West D St

McCook, NE 69001

Phone (308) 345-3670

Project Name	Project Location
Contact Name	Samplers Name

Date Sampled	Time Sampled	Sample Identification	Number of Containers	ANALYSES REQUESTED										Remarks

Date: _____ Time: _____ Relinquished by (print): _____ Signature: _____

Date: _____ Time: _____ Received for lab by (print): _____ Signature: _____

Date: _____ Time: _____ Relinquished by (print): _____ Signature: _____

Date: _____ Time: _____ Received by (print): _____ Signature: _____