

Chain of Custody Form (COC)

LAB ID#	
Customer Name:	
Contact Name:	
Customer Address:	
Customer Phone:	
DATE COLLECTED: MM/DD/YYYY	

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Sample ID:	TIME COLLECTED: _____ AM/PM
-------------------	------------------------------------

Relinquished By:		Received By:	
Name (print)	Date:	Name (print)	Date:
Signature	Time: _____ AM/PM	Signature	Time: _____ AM/PM

SAMPLE RECEIPT CONDITION:	Temperature(°C):	Custody Seals: YES / NO	Seals Intact: YES / NO
Preservative: Ice YES / NO	Comments:		