

Chain-of-Custody Form

Collector's Information

Collector(s) (print): _____ Collectors Affiliation: _____ Address: _____ _____ _____ Telephone #: _____ Fax #: _____ Conditions When Shipped: _____ Date & Time Shipped: _____ Tracking Information: _____ Special Considerations: _____	Delivery method: <input type="checkbox"/> Hand carry <input type="checkbox"/> Shipped Relinquished By Collector (print and sign): _____ _____ Date and Time: _____
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Recipient's Information

Recipient: _____ Recipient Affiliation: _____ Address: _____ _____ _____ Telephone #: _____ Fax #: _____ ----- Received By (print and sign): _____ Date and Time Received: _____	Condition of Sample(s) and Tamper-Proof Seal(s) Upon Receipt: _____ _____ Sample Storage Location: _____ _____
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Sample Information (if more spaces are needed, please make copies of this sheet, as needed)

Sample ID	# of Samples (or ___ of ___)	Sample Type (i.e. sediment, tissue, water)	Date and Time Collected	Sampling Location	Preservative Type	Analyses to be Performed
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Disposition of unused portion of sample		Laboratory should	<input type="checkbox"/> Dispose	Retain for ___ days	<input type="checkbox"/> Return	

Additional Collector's Comments:

Laboratory Comments:

Laboratory Custody (if samples are shipped to subsequent laboratories)

Released (Name/Date)	Received (Name/Date)	Purpose	Receiver's Address	Contact Information