



6305 SW Rosewood St.
Suite B
Lake Oswego, OR 97035
Phone: 503-297-3636
Fax: 503-297-3738

Chain of Custody Record Laboratory Analysis Request

Page _____ of _____

Turn around Time Requested:

STANDARD

RUSH
(Fee Applies)

Client Information

Company: _____
Contact/Attn: _____
Address: _____
Phone # () _____
Fax # _____
Email: _____

Prefer Email? _____
Y / N

Billing Information (if different from above)

Company: _____
Contact/Attn: _____
Address: _____
Phone # () _____
Fax # _____
Email: _____

Prefer Email? _____
Y / N

SAMPLE RECEIPT:

(to be filled by laboratory upon receipt) Samples intact? Y / N Ice? Y / N Preserved? Y / N _____
Arrived Via: _____ Temperature taken Y / N / NA _____ °C

ANALYSES REQUESTED

MICROBIOLOGY					CHEMISTRY				
MICROSCREEN	PATHOGEN SCREEN	SHELF LIFE	OTHER (SPECIFY):		PROXIMATE	FULL NUTRITIONAL	OTHER (SPECIFY):		

Notes:

Comments:

SAMPLE IDENTIFICATION	DATE	TIME	MATRIX	#
1				
2				
3				
4				
5				
6				
7				
8				
9				

NOTES/SPECIAL INSTRUCTIONS:

Relinquished	
Signature _____	Date _____
Print Name _____	Time _____
Company _____	
Received	
Signature _____	Date _____
Print Name _____	Time _____
Company _____	

Relinquished	
Signature _____	Date _____
Print Name _____	Time _____
Company _____	
Received	
Signature _____	Date _____
Print Name _____	Time _____
Company _____	

Note: Client signature on this form and/or sample submission indicates acceptance of Purity Laboratories standard terms and conditions. All samples will be disposed of within 14 days of receipt unless otherwise specified.