

# SUMMIT LABORATORY

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# Chain of Custody

1535 Industrial Park Drive, Hart, MI 49420

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Customer:				Job Description: <b>Food</b>				Project #:					
Address:				Job Name:				Email:					
City, Zip:				Contact Person:				Analytical Parameters (Tests Requested)					
Phone:													
Item No.	Product Number Sample Number	Date Taken	Time Taken	Sample Description / Lot (sample type: food)	No. of containers								Notes:
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
Released by:				Received by:				Date:		Time:		Lab Notes:	
Released by:				Received by:				Date:		Time:			