

SUMMIT LABORATORY

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Chain of Custody

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Project #:

Customer: Job Description: **Food** Email:

Address: Job Name: **Analytical Parameters (Tests Requested)**

City, Zip: Contact Person:

Phone:

Item No.	Product Number Sample Number	Date Taken	Time Taken	Sample Description / Lot (sample type: food)	No. of containers	Analytical Parameters (Tests Requested)						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: