

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