

SUMMIT LABORATORY

3351 36th Street SE, Kentwood, MI 49512
phone: 616-245-3818 email: mail@summitlaboratory.com

Chain of Custody

1535 Industrial Park Drive, Hart, MI 49420
phone: 231-873-1432 ext. 227

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Project #:

Email:

Customer:				Job Description: Mold									
Address:				Job Name:		Analytical Parameters (Tests Requested)							
City, Zip:				Contact Person:									
Phone:													
Item	Product Number	Date	Time	Sample Description / Lot	No. of								Notes:
No.	Sample Number	Made	Taken	(sample type: Mold)	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:					