

SUMMIT LABORATORY

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Chain of Custody

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Version 14.0, Effective: 1-2026

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