

SUMMIT LABORATORY

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Chain of Custody

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Project #:

Customer:				Job Description: Pharmaceutical Samples				Email:					
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: Pharmaceutical Samples)	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:			