

SUMMIT LABORATORY

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Chain of Custody

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Customer:				Job Description: Pharmaceutical Samples				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: Pharmaceutical Samples)	No. of 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:			