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Chain of Custody Form

Test Requested, Container, & Preservative

State Sample Collected:

CT___ NY___ Other(specify)___

Evidence of Cooling (Circle): Y or N

Cooler Temp °C: _____

Container & Preservative Meet Criteria
(Circle): Yes/ No

Remarks

<u>Company Name</u>		<u>Company Address</u>		Number of Bottles
<u>Sampler</u>		<u>PO Number</u>		
<u>RWALIMS Number</u>	<u>Date Collected</u>	<u>Time Collected</u>	<u>Sample ID / Sample Location</u>	
Relinquished By (Signature):		Relinquished by (Signature):		Comments:
Date & Time:		Date & Time:		
Received By (Signature):		Received By (Signature):		
Date & Time:		Date & Time:		