

# CHAIN OF CUSTODY RECORD

Please Print Legibly

85 Port Rd, Lower Hutt

(Please ensure all information is entered legibly and all entries are made with waterproof, permanent ink)

**SAMPLE INFORMATION** (to be completed by sender)

**ELS SAMPLE RECEIPT INFORMATION**

YOUR COMPANY NAME		YOUR NAME		Received By:		
Your Address		PHONE		Date Received:		
		FAX		Date Due:		
				Client Manager:		
NAME OF SAMPLER		DATE SENT	EMAIL ADDRESS:	ORDER NUMBER:	Phone:	04 576 5016
					Fax:	04 576 5017

CLIENT SAMPLE ID	SAMPLE DESCRIPTION/ LOCATION/SITE	SAMPLING DATE	TIME SAMPLED	TOTAL No. OF BOTTLES	ANALYSIS REQUIRED	MATRIX CODE	SAMPLE REMARKS	ELS SAMPLE NUMBER

LAB COMMENTS	CONDITIONS UPON RECEIPT: (check one)
	<input type="checkbox"/> Iced <input type="checkbox"/> Ambient      or <input type="checkbox"/> °C Upon Receipt (if Temp Requested)