



Chain of Custody Form

Please complete this form and return to info@americannalab.com

P.O. Number: _____

Tracking Number: _____

SENDER

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Contact Name: _____

Phone: _____

E-mail: _____

SAMPLE INFORMATION

Sampled by: _____

Date Sampled: _____

Total # of Samples: _____

Sample Type: _____

TURN A ROUND

Standard: _____ Rush (1.5x): _____

Critical (2x): _____

CHAIN OF CUSTODY

Request Submitted by: _____
Printed name Signature Date

Client Signature @ Pickup: _____
(if different than requester) Printed name Signature Date

Courier Signature: _____
(NA if dropped off or shipped) Printed name Signature Date

SAMPLE INFORMATION

Sample Description (include Lot #)	Test(s) to be Performed	Comments

FOR INTERNAL USE ONLY		
Received by: _____	Date: _____	Sample Arrival and Check-in
Comments/Conditions: _____	Date: _____	
	Time: _____	
	Initials: _____	