Chain of Custody Record

Anatek Labs, Inc.

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Alturas
Log-In #

Company Name:	Project Manager:
Address:	E-mail:
City: State: Zip:	Project Name & # :
Tel:	Purchase Order # :
Fax:	Shipped Via/Other:

Turn Around Time & Reporting

☐ Next Day*
☐ 2nd Day*
☐ Normal

Results needed by: ____/____

☐ Phone
☐ Mail
☐ Fax
☐ E-mail

*Please call to verify rush charges before submitting samples

Note Special Instructions/Comments

*** Please indicate units to be reported ***

☐ ug/100cm^2
☐ ug/ft^2
☐ Other:_____

Lab ID	Sample Identification	Sampling Date/Time	Matrix	# of Containers	Area Swiped **	Methamphetamine								Note Special Instructions/Comments

	Signature	Printed Name	Company	Date	Time
Relinquished by					
Received by					
Relinquished by					
Received by					
Relinquished by					
Received by					

Lab Use Only

Received Intact?	YES	NO
Labels & Chain Agree?	YES	NO
Containers Sealed?	YES	NO

Describe_____

_____

_____

_____

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