



AmTest Chain of Custody Record

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Chain of Custody No. **5000**

Client Name & Address:				Invoice To:												
Contact Person:				Invoice Contact:												
Phone No:				PO Number:												
Fax No:				Invoice Ph/Fax:												
E-mail:				Invoice E-mail:												
Report Delivery: (Choose all that apply) Mail / Fax / Email / Posted Online				Data posted to online account: YES / NO Web Login ID:												
Special Instructions:																
Requested TAT: (Rush must be pre-approved by lab) Standard RUSH (5 Day / 3 Day / 48 HR / 24 HR)										Temperature upon Receipt:						
Project Name:				Date Sampled	Time Sampled	Matrix	No. of containers	Analysis Requested								QA/QC
Project Number:																
AmTest ID	Client ID (35 characters max)															
Collected/Relinquished By:		Date	Time	Received By:				Date	Time							
Relinquished By:		Date	Time	Received By:				Date	Time							
Relinquished By:		Date	Time	Received By:				Date	Time							

COMMENTS: