

Chain-of-Custody Record

Project Number		Collecting Agency (name, address, phone)			Sampling Date		Chemical Analyses <i>All Target Contaminants</i> <i>Specific Contaminants Only (Specify)</i>	
Samplers (print and sign)				Container _____ of _____				
Composite Number	Specimen Nos.	Sampling Time	Study Type		Sampling Site (name/number)			Comments
			Scr	Int				

Delivery Shipment Record		Deliver/Ship to: (name, address and phone)		Date/Time Shipped:	
Delivery Method		<input type="checkbox"/> Hand carry <input type="checkbox"/> Shipped			
Relinquished by: <i>(signature)</i>	Date / Time	Received by: <i>(signature)</i>	Relinquished by: <i>(signature)</i>	Date / Time	Received by: <i>(signature)</i>
Relinquished by: <i>(signature)</i>	Date / Time	Received for Central Processing Laboratory by: <i>(signature)</i>	Date / Time	Remarks:	

Laboratory Custody:			
Released Name/Date	Received Name/Date	Purpose	Location

Figure 6-9. Example of a chain-of-custody record form.