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## **CHAIN OF CUSTODY**

CLIENT INFOR	MATION				BILLING INFORMATION			COURIER SERVICE			
Client:					Billing Address:			Date Ordered:		Time:	Initial:
Address:								Pick-Up Date:		Time:	
								[ ] Rush Pick-Up			
Phone: Fax:					Special Instruction:			[ ] Courier Charge:			
Contact:											
E-mail address:								Pick-Up Address:			
P.O.#:											
Notes:											
LAB USE ONLY DESIGNATION OR PRODUCT DESCRIPTION CONTAINER(S											
LAB I.D.	CLIENT SAMPLE I.D.	DATE	TIME	SAN	#	PRESER- VATION		ANALYSIS REQUESTED			
Relinquished By: (Signature) Date: Time:							ed By: (Signatu	ıre)		Date:	Time:
Relinquished By: (Signature) Date:					Time:		tory For Analy			Date:	Time:
Condition of Sample: How Transported: [ ] Ambier									Temperature:		pH:

Extra charges may apply for rush analysis, special sample preparation, non-typical report format, or other non-typical customer request or needs.

A \$75.00 minimum charge per submission applies.