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BULK SAMPLE CHAIN OF CUSTODY

Client:
KAM Project #:
Building Address:
Date & Time of Collection:
Samples Collected by:
Method of Shipment:

CLIENT SAMPLE #	SAMPLE DESCRIPTION	SAMPLE LOCATION	LAB ID#

☐ PLM ☐ NOB PLM ☐ NOB TEM
☐ PCB ☐ OTHER Specify:

Chain Of Custody					
Relinquished by: (Full Name & Sign)	**Date & Time**	**Turnaround Time (TAT)**	**Method of Submittal**	**Received by: (Full Name & Sign)**	**Date & Time**
1.					
2.					

Lab Information			
Analyzed by: (Full Name)	**Signature**	**Date**	**A/R Comments**
1.			
2.			