Chain of Custody Record

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Agency - From:	То:	Date:	Time:
Relinquished By (printed):			
Relinquished By (signature):			
Received By (printed):			
Received By (signature):			
Agency - From:	То:	Date:	Time:
Relinquished By (printed):			
Relinquished By (signature):			
Received By (printed):			
Received By (signature):			
Sample Description:			
I.D.	Collection Date/Time-		
Sample Type -	Sample Condition -		
Method of delivery -			
Analysis Requested-			
Send report to:			
Name:			
Address:			
P.O.#			
City:	State:	Zip:	
Phone:	Fax:		