



CONSUMER PRODUCTS CHAIN OF CUSTODY FORM

Lab Batch# _____

Client Name: _____

Project Number: _____

Client Address: _____

Project Location: _____

Project Manager: _____

Main Phone: _____ Ext: _____

Turnaround Time: 24 hours After Hour

Cell Phone: _____

4 hours 2 days 3 days
 8 hours 5 days

Email: _____

Number of Samples: _____

Fax: _____

Delivery: _____ Reports Via: Email

Special Instructions: _____

Analysis Type:

Lead (Pb) Other _____
 Cadmium (Cd) Other _____
 Nickel (Ni)

Jewelry/ Metal Surface Coating
 Children`s Products/ Non-Metal Substrate
 Ceramic & Foodware Leachability

#	Client Sample ID	A/R	Description/ Location/ Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Sampled by: (Print Name & Sign) _____ Date & Time: _____

Relinquished by: (Print Name & Sign) _____ Date & Time: _____

LAB USE ONLY

Received by: (Print Name & Sign) _____ Date & Time: _____

_____ Date & Time: _____