



Chain of Custody Form

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Dolton, IL 60419
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Client Information

Company: _____
Address: _____
City/State/Zip: _____
Phone #: _____
Contact Name: _____
Email: _____

PO #: _____

Fax: _____

Test/Method Requested									

Lab Use	Client Information					
	No	Sample Name/Description	Date	Time	Matrix	Comments
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

Sampled By (Print and Sign):			Date:	Time:
Relinquished By:		Date/Time:	Received By:	
Relinquished By:		Date/Time:	Received By:	