

## **ISKON BIOTECH**

## CHAIN OF CUSTODY RECORD

Telephone:(817)861-5322 FAX :(817)261-1717 800 106<sup>th</sup> Street Arlington, Texas 76011

CLIENT NAME				CLIENT CON	CLIENT CONTACT				LAB USE							
									Lab	No.						
CLIENT ADDRESS				PHONE					ONI	ON ICE						
CLILINI ADDIN	.55				THONE						TEMP OF COOLERS °C					
										4		5	6	>6		
CITY, STATE, ZIP					FAX					CUSTODY SEAL						
										er 🗆	☐Y ☐N Samples ☐Yes ☐No					
P.O.NO.					EMAIL					SEAL INTACT						
										er 🗆	□Y □N	Samples	□Ye	s 🗆 No		
PROJECT NO.					QUOTE NO.					SAMPLER'S NAME						
	Sample Co	llection		Sam	mple Name Sample Description				Test Requested					Iskon Lab ID		
Sample Collection  Date Time (C)omp Matrix			Jampie Name			Jampie Description	rest requested			Lu		ISKOII LAD ID				
Ex: mm/dd/yy	Ex: hh:mm	(G)rab	IVIALITA													
		Сугав														
TURNAROL	JND TIME:	☐ STAN	IDARD		50% RUSH	1	☐ 100% RUSH	☐ E.R.	300%							
Relinquished by (Signature) Date				Date	Time Received by (Signature) Date			Time	Time REMARKS: ☐ Iskon Drop Off ☐ Isk			ff 🔲 Iskon Pickun				
nemiquisne	a by (Sigila	ture)		שמנכ	111116	1,6	cocived by (Signature)	Date	'''''	•						
Polinguished by (Signature)				Date	Time Descrived by (Circusture)			Time	Clients' delivery of samples to Iskon constitutes acceptance to reimburse Iskon as per the terms ar conditions listed in the price schedule.							
Relinquished by (Signature)				Date	Time Received by (Signature) Date		Time									