



INDUSTRIAL CHAIN OF CUSTODY RECORD

CLIENT NAME	CLIENT CONTACT	LAB USE				
CLIENT ADDRESS	PHONE	Lab No.				
CITY, STATE, ZIP	FAX	ON ICE <input type="checkbox"/> YES <input type="checkbox"/> NO				
P.O.NO.	EMAIL	TEMP OF COOLERS °C				
PROJECT NO.	QUOTE NO.	3	4	5	6	>6
		CUSTODY SEAL				
		Cooler	<input type="checkbox"/> Y <input type="checkbox"/> N	Samples	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		SEAL INTACT				
		Cooler	<input type="checkbox"/> Y <input type="checkbox"/> N	Samples	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		SAMPLER'S NAME				

Sample Collection				Sample Location	Flow (lpm)	Sample Time		Volume/ Area	Sample Type	Iskon Lab ID	Comments
Date Ex: mm/dd/yy	Time Ex: hh:mm	Analyte/ Method	Media			On	Off				
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other	

Media Type:	Media Part Number:	Media Lot Number:
TURNAROUND TIME: <input type="checkbox"/> 2 week <input type="checkbox"/> 1 week <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day		

Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time	REMARKS: <input type="checkbox"/> Iskon Drop Off <input type="checkbox"/> Iskon Pickup Clients' delivery of samples to Iskon constitutes acceptance to reimburse Iskon as per the terms and conditions listed in the price schedule.
Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time	



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INDUSTRIAL CHAIN OF CUSTODY RECORD

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Sample Collection				Sample Location	Flow (lpm)	Sample Time		Volume/ Area	Sample Type		Iskon Lab ID	Comments
Date Ex: mm/dd/yy	Time Ex: hh:mm	Analyte/ Method	Media			On	Off		<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other		
									<input type="checkbox"/> Surface/Air <input type="checkbox"/> Personal	<input type="checkbox"/> Other		
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