

ISKON BIOTECH

INDUSTRIAL CHAIN OF CUSTODY RECORD

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

											<u> </u>					
CLIENT NAME			CLIENT CON					LAB USE								
											Lab No.					
CLIENT ADDD	ECC			DHONE						ON ICE	ON ICE					
CLIENT ADDR	E33			PHONE						TEMP OF COOLERS °C						
										3	4	5	6	>6		
CITY, STATE, Z	IP			FAX				CUSTODY SEAL								
											Cooler	□Y □N	Samples	□Yes	□No	
P.O.NO.				EMAIL				SEAL INTACT								
								Cooler	□Y □N	Samples	□Yes	□No				
PROJECT NO.			QUOTE NO.	•				SAMPLER'S NAME								
	Sample	Collection		Sample	le Flow Sample Volume/				ume/	Sample Type			Iskon	Comments		
					Location	(lpm)	Time			Area				Lab ID		
Date	Time	Analyte/	Me	dia			On	Off								
Ex:	Ex:	Method														
mm/dd/yy	hh:mm										□Surface/Air	□Other				
											□Personal					
											☐Surface/Air	□Other				
											□Personal					
											☐Surface/Air ☐Personal	□Other				
											□Surface/Air	Other				
											□Personal					
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											□Personal					
											☐Surface/Air ☐Personal	□Other				
											□Surface/Air	□Other				
											□Personal	Dotner				
Media Type:					Media Part Number:						Media Lot Number:					
TURNAROL	JND TIME:	☐ 2 week		1 week	☐ 4 Da	ay 🗆 3	Day	2	2 Day		l Day					
Relinquished by (Signature) Date					Time	Received by (Signature) Date					Time	REMAR	RKS: 🗌 Iskoi	n Drop Off	☐ Iskon Pickup	
Relinquished by (Signature) Date					Time	Received by (Signature) Date					Time		Clients' delivery of samples to Iskon constitutes acceptance to reimburse Iskon as per the terms and conditions listed in the price schedule.			
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	Sample	Collection		Sample Location	Flow (lpm)				ume/ rea	Sampl	е Туре	Iskon Lab ID	Comments		
Date Ex: mm/dd/yy	Time Ex: hh:mm	Analyte/ Method	Med	dia	Location	(16111)	On	Off	A	ica			Labib		
											□Surface/Air □Personal	□Other			
											□Surface/Air □Personal	□Other			
											□Surface/Air □Personal	□Other			
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											□Surface/Air □Personal	□Other			
											□Surface/Air □Personal	□Other			
Relinquished by (Signature) Date				Date	Time	Received by (Signature)				Date	Time	REMARKS: 🗆	REMARKS: 🗆 Iskon Drop Off 🗆 Iskon Pickup		
Relinquished by (Signature) D				Date	Time	Received by (Signature))	Date	Time		Clients' delivery of samples to Iskon constitutes acceptance to reimburse Iskon as per the terms and conditions listed in the price schedule. Page 2 of 2		