AMTEST LABORATORIES
Professional Analytical Services

AmTest Chain of Custody Record

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Chain of Custody No._____

Client Name & Address:	Invoice To:
Contact Person:	Invoice Contact:
Phone No:	PO Number:
Fax No:	Invoice Ph/Fax:
E-mail:	Invoice E-mail:
Report Delivery: (Choose all that apply) Mail / Fax / Email / Posted Online	Data posted to online account: YES / NO Web Login ID:

Special Instructions:

Requested TAT: (Rush must be pre-approved by lab)
Standard RUSH (5 Day / 3 Day / 48 HR / 24 HR)

RUSH Request Approved By:

Project Name:

Project Number:

AmTest ID	Client ID (35 characters max)	Date Sampled	Time Sampled	Matrix	No. of containers	Analysis Requested									

Collected/Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time

COMMENTS: