

Chain of Custody Record

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Project No.		Project Name:		Project Location:		Turn Around Time (Describe):	
Sampler's Affiliation:		Sampler's Name (Print):		Sampler's Signature:		Page _____ of _____	
Results to:		Phone: Fax:		Sampler's Remarks:			
Address:				Laboratory Remarks:			
City, State, Zip:				Comments:			
Invoice To:		Invoice No: ()		LABORATORY ANALYSIS			
<small>Reference EPA Method #</small>							
Lab #:	Field Sample No./ Identification	Date and Time		Analysis Requested	Sample Container (Size/Material)	Sample Type (e.g. Water, Air, Soil)	
Relinquished By: (Signature)			Date: Time:	Received By: (Signature)			Date: Time:
Relinquished By: (Signature)			Date: Time:	Received By: (Signature)			Date: Time:
Relinquished By: (Signature)			Date: Time:	Received By: (Signature)			Date: Time: