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CHAIN-OF-CUSTODY FORM

LIMS#:	Project ID:
LAB USE ONLY	

CLIENT INFORMATION

Company:	Address:
Contact:	Special Instructions:
Phone:	

SAMPLE INFORMATION

Sample Name/Concentration:	Description:
Lot/Batch #:	Container:
Prepared By:	Date of Preparation:
Notes/Misc:	

CHAIN-OF-CUSTODY

Persons relinquishing and receiving samples must provide the following information:
Signature, Organization, Date/Time and Reason for Transfer (Start with Box Number 1 below)

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
1.			2.		

Reason for Transfer:

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
3.			4.		

Reason for Transfer:

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
5.			6.		

Reason for Transfer:

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
7.			8.		

Reason for Transfer:

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
9.			10.		

Reason for Transfer:

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
11.			12.		

Reason for Transfer: