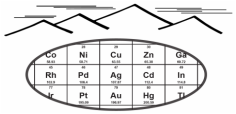
Skyline
Assayers & Laboratories



CHAIN OF CUSTODY RECORD

CUSTOMER INFORMATION	PROJECT INFORMATION	NUMBER OF CONTAINERS	ANALYSIS / METHOD REQUEST									LAB JOB NO.
COMPANY:	PROJECT NAME/NUMBER:											
SEND REPORT TO	**BILLING INFORMATION**											
NAME:	NAME:											
ADDRESS:	ADDRESS:											
PHONE:	PHONE:											
FAX:	FAX:											
SAMPLE NO. (Or Range, Or Attach List)	SAMPLE DESCRIPTION											REMARKS/ PRECAUTIONS

SAMPLER: SHIPMENT METHOD: AIRBILL NO.:

1. RELINQUISHED BY:	DATE	2. RELINQUISHED BY	DATE	3. RELINQUISHED BY	DATE
SIGNATURE:		SIGNATURE:		SIGNATURE:	
PRINTED NAME/COMPANY:	TIME	PRINTED NAME/COMPANY:	TIME	PRINTED NAME/COMPANY:	TIME
1. RECEIVED BY:	DATE	1. RECEIVED BY	DATE	1. RECEIVED BY	DATE
SIGNATURE:		SIGNATURE:		SIGNATURE:	
PRINTED NAME/COMPANY:	TIME	PRINTED NAME/COMPANY:	TIME	PRINTED NAME/COMPANY:	TIME

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