



# CHAIN OF CUSTODY

**SHIP SAMPLES TO:**

1775 Moriah Woods Blvd., Ste. 12, Memphis, TN 38117

(901)398-4001 Fax (901)398-4223

www.cornerstonelab.com

CLIENT INFORMATION		
COMPANY NAME:		
INDIVIDUAL NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL ADDRESS:		
SAMPLED BY: NAME _____		Initials: _____
<i>(please print)</i>		

For Laboratory Use														
Report #:					Acct. #:					P.O. #:				
Sample Check-In														
Ice Present			Broken Containers			Evidence Tape Present			Acid Preserved			Base Preserved		
YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Lab Personnel Performing Check-In <i>(initials)</i> : _____														

	Lab ID <i>For Lab Use</i>	Sample Identification	SAMPLES TAKEN		PRESERVATION				pH	G r a b	C o m p	Analysis Requested
			Date	Time	Matrix	Type	Temp.					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received in Lab by:	Date:	Time: