ARL
Analytical Reference Laboratory

CHAIN OF CUSTODY

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Client:	Date Results Required By: (Please specify a time frame or number of working days)	Purchase Order No:
Contact:		ARL Quote No:
Address:	Email Reports To:	LABORATORY USE ONLY Payment Method:
Phone No:	Email Invoices To:	Invoice No:
Fax No:		
Project Reference:		ANALYSIS REQUIRED
Comments		

ARL Job Number:		Condition of Samples:		
Lab #	Sample Description	Date Sampled	Sample Type	Total Containers

Samples Relinquished By:..... On:...../...../..... At:..... Signed:.....
Samples Received By:..... On:...../...../..... At:..... Signed:.....