

Name: \_\_\_\_\_

Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Invoice to: \_\_\_\_\_

Results to: \_\_\_\_\_

### CHAIN OF CUSTODY FORM

American Agricultural Lab

700 West D St/ PO Box 370

McCook, NE 69001

Phone (308) 345-3670

Fax (308) 345-7880



Project Name

Project Location

#### ANALYSES REQUESTED

Contact Name

Samplers Name

Date Sampled	Time Sampled	Sample Identification	Number of Containers											Remarks

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Relinquished by (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received for lab by (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Relinquished by (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by (print): \_\_\_\_\_ Signature: \_\_\_\_\_