



## CHAIN OF CUSTODY

AXYS CLIENT #:

REPORT TO:			INVOICE TO:			ANALYSIS REQUESTED				
Company _____			Company _____							
Address _____			Address _____							
_____			_____							
Contact _____			Contact _____							
Phone _____			Phone _____							
FAX _____			FAX _____							
E-mail _____			E-mail _____							
Project Name/Number:			Sampler's Name:							
			Signature:							
Client Sample Identification	Matrix	Sampling Date	Sampling Time	Container Type/No.	AXYS Lab Sample ID (Lab use only)					
Relinquished by (Signature)		Date	Time	Received by (Signature)		Courier		Waybill No.		
				Date		Time				
Relinquished by (Signature)		Date	Time	Received by (Signature)		Sample Receipt				
				Date		Time				
Remarks						Cooler				
						Temp °C				
						Custody Seal #				
						Seal Intact		Y / N		
Sample Tags		Y / N								