

Respirtek, Inc. Laboratory
 12450 Shortcut Rd Suite F Biloxi, MS 39532
 Phone: 228-392-7977 Fax: 228-392-7838
 Email: bjhook@respirtek.com

CHAIN-OF-CUSTODY RECORD

P.O. No.		Project Name					ANALYSES										Address Results To:		
Samplers: (Signatures)		1. _____ 2. _____ 3. _____															_____		
Sample I.D.		Date	Time	C	G r a b	Coll By 1,2,3	No. of Con- tainers											REMARKS	
Relinquished by:		Date	Time	Received by:			Relinquished by:			Date	Time	Received by:							
Relinquished by:		Date	Time	Received by:			Relinquished by:			Date	Time	Received For Laboratory by:							
REMARKS: ALL SAMPLES ICED IN THE FIELD AND DURING TRANSPORT TO THE LAB. ___ YES ___ NO					Transported by:		DATE OF ANALYSIS: RECEIVED: COMPLETED:				ANALYSIS TO BE COMPLETED: ___ CALLOUT ___ NORMAL TURNAROUND PERIOD ___ PRIORITY (NO CALLOUT) ___ CALL WITH RESULTS UPON COMPLETION								
Original Copy - LAB					Copy - FILE														