



**CHAIN OF CUSTODY REPORT
PICK UP/SAMPLING SUMMARY**

Page ____ of ____

Method of Payment: (P.O./Check #): _____

Credit Card # _____ Exp. Date _____

Circle one: Am Express / MasterCard / Visa

COMPANY: _____ ADDRESS: _____ _____ EMAIL: _____ CONTACT: _____ PHONE: _____ FAX: _____ BILL TO: _____ If different billing address, please indicate				*Analyses Requested								*Storage/ Handling	
				<input type="checkbox"/> Include Raw Data (\$100 extra charge) <input type="checkbox"/> Check here to receive CofA by email								Special Handling: 1) Normal 2) Hazardous 3) Light Sensitive 4) Other, Specify in Comments Sample Storage Conditions: 1) Room Temperature 2) Refrig. (2-8°C) 3) Freezer 4) Other, Specify in Comments	
TURN-AROUND TIME Rush Samples Require Prior Approval (Add Surcharge to Quoted Price) <input type="checkbox"/> 1 Day Rush – 200% Surcharge <input type="checkbox"/> 2 Day Rush – 175% Surcharge <input type="checkbox"/> 3 Day Rush – 150% Surcharge <input type="checkbox"/> 5 Day Rush – 100% Surcharge <input type="checkbox"/> 7 Day Rush – 50% Surcharge <input type="checkbox"/> Standard – 10 to 12 days													
Irvine # (Office Use)	*Sample Description	*Amount Submitted	*Lot #	*Indicate Claim for each test or 'X' to order a test for each sample								*1,2,3,4	*1,2,3,4
*Use Customer Test Meth#/ Rev#: General Comments:				Sampled By: _____ Relinquished By: _____ Received By (Irvine): _____				Date: _____ Date: _____ Date: _____		Sample Disposal <input type="checkbox"/> Return <input type="checkbox"/> Standard Disposal–30 days <input type="checkbox"/> Retain for _____ weeks			
Please list your quote number:				**Required fields must be completed before testing can begin. By signing you authorize Irvine to perform the specified analyses and agree to Irvine's terms and conditions.				Customer Approval: _____		Date: _____			