Irvine Pharmaceutical Services

CHAIN OF CUSTODY REPORT
PICK UP/SAMPLING SUMMARY

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

Page _____ **of** _____ **Credit Card #** _____ **Exp. Date** _____

Circle one: Am Express / MasterCard / Visa

			*Analyses Requested								*Storage/ Handling	
COMPANY:											**Sample Storage Condition:** 1) Room Temperature 2) Refrig. (2-8°C) 3) Freezer 4) Other, Specify in Comments	**Special Handling:** 1) Normal 2) Hazardous 3) Light Sensitive 4) Other, Specify in Comments
ADDRESS:												
CONTACT:		☐ Include Raw Data (Extra Charge May Apply)										
PHONE:		☐ Rush charges to be applied. See Proposal for details.										
FAX:												
BILL TO:												
If different billing address, please indicate												

Irvine # (Office Use)	*Sample Description	*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:

Please list your quote number:

Sampled By: **Date:**

Relinquished By: **Date:**

Received By (Irvine): **Date:**

Sample Disposal
Return
Standard Disposal–90 days
Retain for weeks

***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:**

10 VANDERBILT, IRVINE, CA 92618 TEL: 949.951.4425 FAX: 949.951.4909 WWW.IRVINEPHARMA.COM