



Chain of Custody / Service Request

Chem-Bac Laboratories, Inc.

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Project:								Billing Information					
Send Report to:								Name:					
Address:								Company Name:					
City:		State:		Zip:				Address:					
Phone:								City:		State:		Zip:	
Fax:								Phone:		Fax:			
E-mail:								E-mail Results: Yes / No					
PO Number:								Fax Results: Yes / No					
Sample Identification								Total number of Samples _____	Special Instructions				
								Date/Time					

Sample Condition Upon Receipt: Temp _____ :

Sample Transfer Record (1)

Relinquished_by: _____
 Signature: _____
 Date: _____
 Received_by: _____
 Signature: _____
 Date: _____

Sample Transfer Record (2)

Relinquished_By: _____
 Signature: _____
 Date: _____
 Received_by: _____
 Signature: _____
 Date: _____