

Attachment A
Sample Chain-of-Custody Form



AECOS, Inc.

45-939 Kamehameha Highway Suite 104

Kaneohe, Oahu, HI 96744

Tel: (808) 234-7770 Fax: 234-7775

CHAIN OF CUSTODY FORM

PROJECT

FILE No.

LOG NUMBER

[]

CLIENT:

ADDRESS:

CONTACT:

PHONE No.: ☎

Purchase Order No.:

--

☐ RUSH

☐ SEE REVERSE

SPECIAL INSTRUCTIONS

SAMPLED

	<input checked="" type="checkbox"/>	SAMPLE ID	DATE	TIME	SAMPLE TYPE	CONTAINER(S)		REQUESTED ANALYSES	PRESERVATION
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

CLIENTS PROVIDING SAMPLES TO THE LABORATORY SHOULD COMPLETE AS MUCH OF THE ABOVE FORM AS POSSIBLE. NOTE: NAME AND DATED SIGNATURE OF PERSON COLLECTING THE SAMPLE MUST BE ENTERED BELOW. INFORMATION REQUESTED IN SHADED BOXES ABOVE TO BE FILLED IN BY THE LABORATORY.

SAMPLED BY:

DATE

20__

PRINT NAME

RELINQUISHED:

DATE

20__

SIGNATURE

TIME

RECEIVED BY:

DATE

20__

SIGNATURE

TIME

RELINQUISHED:

DATE

20__

SIGNATURE OR INITIALS

TIME

RECEIVED FOR LABORATORY:

DATE

20__

SIGNATURE

TIME

RELINQUISHED:

DATE

20__

SIGNATURE OR INITIALS

TIME

COMMENTS:

PRECAUTIONS:

DISPOSAL:

USE (BLACK) INK

RETURN SAMPLE TO CLIENT ☐