

Appendix A

AECOS, Inc.
Chain of Custody Form



AECOS, Inc.

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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

USE (BLACK) INK

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								

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

SIGNATURE

TIME

20__

RELINQUISHED:

DATE

20__

SIGNATURE OR INITIALS

TIME

PRECAUTIONS:

RELINQUISHED:

DATE

20__

SIGNATURE OR INITIALS

TIME

DISPOSAL:

RETURN SAMPLE TO CLIENT ☐

COMMENTS:

RECEIVED BY:

DATE

RECEIVED FOR LABORATORY:

DATE

20__

SIGNATURE

TIME

NOTE: IF ANY INFORMATION IS PROVIDED ON THIS SIDE OF FORM, CHECK THE "SEE REVERSE" BOX ON THE FRONT SIDE OF FORM

ADDITIONAL CUSTODY RECORD TRANSPORTERS

RECEIVED BY:	DATE
	20__
SIGNATURE	TIME
RELINQUISHED:	DATE
	20__
SIGNATURE OR INITIALS	TIME

RECEIVED BY:	DATE
	20__
SIGNATURE	TIME
RELINQUISHED:	DATE
	20__
SIGNATURE OR INITIALS	TIME

RECEIVED BY:	DATE
	20__
SIGNATURE	TIME
RELINQUISHED:	DATE
	20__
SIGNATURE OR INITIALS	TIME

RECEIVED BY:	DATE
	20__
SIGNATURE	TIME
RELINQUISHED:	DATE
	20__
SIGNATURE OR INITIALS	TIME

☐ SEND INVOICE TO

(ONLY IF DIFFERENT FROM CLIENT):

FIRM:
ADDRESS:
ATTN:
Purchase Order No.: <input type="text"/>

☐ SEND RESULTS TO

(ONLY IF DIFFERENT FROM CLIENT):

FIRM:
ADDRESS:
ATTN:

☐ SPECIAL INSTRUCTIONS:

PLEASE INITIAL HERE:

DRAW MAP OR DIAGRAM OF SAMPLE SITES HERE