

CHAIN OF CUSTODY FORM (a.k.a. "submission form")

Address sample(s) to: ANRESCO LABORATORIES 1370 Van Dyke Avenue San Francisco, CA 94124 USA Attn: Lab Sample(s) for Analysis Tel: 1-415-822-1100 / Fax: 1-415-822-6615 www.anresco.com		SERVICE TYPE: <input type="checkbox"/> Routine (10-15 days) <u>Rush services below must be approved (*)</u> <input type="checkbox"/> Rush 5 days (50% surcharge) <input type="checkbox"/> Super Rush 3 days (100% surcharge) <input type="checkbox"/> Super Rush 2 days (200% surcharge) <input type="checkbox"/> Overnight (300% surcharge) Approved By: _____		Anresco File No. Date received: _____ Via: _____ Seal Intact?: Yes <input type="checkbox"/> No <input type="checkbox"/> Storage Location: _____			
Contact Name: _____ Project / P.O.: _____ Tel: _____ Fax: _____ Email: _____ Submit by Company Name: _____ Street Address: _____ City, State, Zip: _____			For Anresco Use only CONDITION OF REC'D SAMPLE(S) (A: AMBIENT - C: CHILLED - F: FROZEN) AN ID # Subsample #		<u>Analysis Requested:</u> Next to each item, please indicate which test(s) you need performed. Note any special instructions in bottom left corner under "special instructions." Please complete entire form except shaded areas. Enter full contact info at left or attach business card. Keep a copy for your records. For verbal test results upon completion date, please call x1510. First-time customers should include a check payable to "Anresco Inc."		
Sample Description / Information:		Lot / Code Number:	Date / Time Collected				
If sample is submitted in person (print name): _____				Date / Time submitted: _____			
Special instructions or comments: <input type="checkbox"/> Check here, if you want us to bill to another location. <input type="checkbox"/> attached is the Customer Info and Credit Form <input type="checkbox"/> Check here, If your sample needs to be retained for the following duration: _____. If cost involved, please mark: _____ <input type="checkbox"/> Check here, if you want your samples to be returned to you (at customer's cost). <input type="checkbox"/> Hazardous samples will be disposed (at customer's cost). If cost involved, please mark: _____ Other: _____							
* ALL RUSH SAMPLES MUST BE: 1) PRE-APPROVED BY LAB DIRECTOR 2) RECEIVED BY ANRESCO BEFORE 10:30AM FOR THAT DAY TO BE DAY 1 Unless noted above, all samples will be disposed at a minimum of 30 days after reporting results, perishable samples will be retained for a minimum of 5 working days.							
Revision 1		Form approved by: NgaLy Frank		Date approved: 4/7/2011		page 1 of 1 <input type="checkbox"/> Additional Page(s): _____	