

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

Address sample(s) to: <b>ANRESCO LABORATORIES</b> 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 <a href="http://www.anresco.com">www.anresco.com</a>		<b>SERVICE TYPE:</b> <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: _____		<b>Anresco File No.</b>  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: _____			<b>Analysis Requested:</b>  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."																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Sample Description / Information:</th> <th style="width: 10%;">Lot / Code Number:</th> <th style="width: 10%;">Date / Time Collected</th> <th style="width: 10%; background-color: #e0ffe0;">CONDITION OF REC'D SAMPLE(S) <small>(A: AMBIENT - C: CHILLED - F: FROZEN)</small></th> <th style="width: 5%; background-color: #e0ffe0;">AN ID #</th> <th style="width: 5%; background-color: #e0ffe0;">Subsample #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Sample Description / Information:	Lot / Code Number:	Date / Time Collected	CONDITION OF REC'D SAMPLE(S) <small>(A: AMBIENT - C: CHILLED - F: FROZEN)</small>	AN ID #	Subsample #																															For Anresco Use only	
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<b>If sample is submitted in person</b> (print name): _____			<b>Date / Time submitted:</b> _____																																					
<b>Special instructions or comments:</b> <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 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: _____																																								
<p style="color: red; font-weight: bold;">* 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</p> 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 2      Form approved by: NgaLy Frank      Date approved: 3/22/2012      page 1 of 1 <input type="checkbox"/> Additional Page(s): _____																																								