

# CHAIN OF CUSTODY RECORD (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>		If RUSH, please stamp here (check one): <input type="checkbox"/> 1) Routine (10 - 15 days) <input type="checkbox"/> 2) Rush* ( 5 days, 50% surcharge) <input type="checkbox"/> 3) Super Rush* (3 days, 100% surcharge) <input type="checkbox"/> 4) Overnight* (200% surcharge)	Anresco File No. _____  Storage Location: _____

Contact Name: _____ Project / P.O.: _____  Tel: _____ Fax: _____ Email: _____ Company Name: _____ Street Address: _____ City, State, Zip: _____		<h2 style="margin: 0;">Analysis Requested:</h2> <p style="font-size: small;">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 x27. First-time customers should include a check payable to "Anresco Laboratories."</p>																																					
Report/Invoice will be mailed to client. If not, use "special instructions" box at bottom.																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Sample Description / Information:</th> <th style="width: 15%;">Lot / Code Number:</th> <th style="width: 15%;">Date / Time Collected</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Sample Description / Information:	Lot / Code Number:	Date / Time Collected																																		CONDITION OF RECEIVED SAMPLE(S) (A: AMBIENT - C: CHILLED - F: FROZEN)	Subsample #  AN ID #	
Sample Description / Information:	Lot / Code Number:	Date / Time Collected																																					

If sample is submitted by client in person: _____	
Date / Time Submitted: _____	
Special instructions or comments: _____	

* CUSTOMER MUST RECEIVE PRIOR APPROVAL FROM ANRESCO. Unless marked here, all samples will be disposed 7 days after reporting. If you require remainder of sample returned, check here: <input type="checkbox"/> Return Sample ( <b>at client's cost</b> ) --- HAZARDOUS SAMPLES WILL BE DISPOSED AT CLIENT'S COST ----- Please see General Terms and Conditions on next page -----	Received by ANRESCO LABORATORIES: Method of Receiving: _____  Seal Intact? (circled one):    Yes    No Notes from Receiver: _____
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