

<div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> 18501 E. Gale Ave., Suite 130 City of Industry, CA 91748 Ph: +1 626 964 4032 Fx: +1 626 964 5832 </div>		CHAIN OF CUSTODY RECORD										
		TURNAROUND TIME			DELIVERABLES		PAGE: OF					
Project No.: _____ Project Name: _____ Report To: _____ Company: _____ Street: _____ City/State/Zip: _____ Phone& Fax: _____ e-mail: _____		Standard <input type="checkbox"/> 48 hours <input type="checkbox"/> Same Day <input type="checkbox"/> 72 hours <input type="checkbox"/> 24 hours <input type="checkbox"/> 96 hours <input type="checkbox"/> Other: _____			EDD <input type="checkbox"/> EDF <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/>		Condition upon receipt: Sealed Yes <input type="checkbox"/> No <input type="checkbox"/> Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Chilled _____ deg C					
		BILLING					ANALYSIS REQUEST					
		P.O. No.: _____ Bill to: _____ _____ _____ _____										
LAB USE ONLY	SAMPLE IDENTIFICATION	SAMPLE DATE	SAMPLE TIME	CONTAINER QTY/TYPE	MATRIX	PRESERVA- TION						

Form-24 Rev. 2
QA 12/2025

AUTHORIZATION TO PERFORM WORK		COMPANY	DATE/TIME	COMMENTS
SAMPLED BY		COMPANY	DATE/TIME	
RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME	
RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME	
RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME	
METHOD OF TRANSPORT (circle one): Walk-In FedEx UPS Courier ATLI Other _____				

DISTRIBUTION: White & Yellow - Lab Copies / Pink - Customer Copy

Preservation: H=HCl N=None / Container: B=Bag C=Can V=VOA O=Other