BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY

Date of Sample Collection: _____/____/_____ Page _____of_____

Client: _____ Analysis Requested / TAT: _____

Address:_____ Job Site:_____

City/State/Zip:_____ _Job/Project:_____

Contact Person: _____ E-mail: _____

Full	Partial	Paid
Residential	Commercial	Not Paid

Sample No. / Lab ID	Sample Description	Sample Location	Laboratory Analysis

Special Instructions: _____

Relinquished By:	Date / Time	**Received By:**	**Date / Time**
Name / Company:		Name / Company:	
Signature		Signature	

IrisPLMCOC-(Orig. 05/2016)