IRIS ENVIRONMENTAL LABORATORIES

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 Phone: _____ E-mail: _____

Full	Residential	Paid
Partial	Commercial	Not Paid

Sample No. / Lab ID	Sample Description	Sample Location	Measurements

Special Instructions: _____

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

IRISPLMCOC-(Orig. 05/2016)