

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.	Sample Description	Sample Location	Laboratory Analysis
Lab ID			

Special Instructions: _____

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

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IRIS Environmental Laboratories
2333 US Highway 22 W
Union, NJ 07083