



# CHAIN OF CUSTODY RECORD

ABN 50 005 085 521

Eurofins | mgt  
Auckland Office

35 O'Rorke Road, Penrose, AUCKLAND 1061, New Zealand  
P : 0800 856450 (free dial)  
E : ScottCarroll@eurofins.co.nz ; OnurMehmet@eurofins.com.au

Eurofins | mgt  
Wellington Office

85 Port Road, Seaview, Lower Hutt, WELLINGTON 5011, New Zealand  
P : 0800 856450 (free dial)  
E : ScottCarroll@eurofins.co.nz ; OnurMehmet@eurofins.com.au

Eurofins | mgt  
Melbourne Lab

2 Kingston Town Close, Oakleigh, VIC 3166, Australia  
P : 0800 856450 (free dial)  
E : ScottCarroll@eurofins.co.nz ; OnurMehmet@eurofins.com.au

Company		Purchase Order						Project Manager						Project Name											
Address		Eurofins   mgt Quote No						Project No						Electronic Results Format											
Contact Name		Analysis (Note: Where metals are requested, please specify "Total" or "Filtered")												Email for Results											
Contact Phone No														Turn Around Requirements		Containers				Method of Shipment					
Special Direction														<input type="checkbox"/> 1 DAY* <input type="checkbox"/> 2 DAY* <input type="checkbox"/> 3 DAY* <input type="checkbox"/> 5 DAY (Std.) <input type="checkbox"/> Other (    )		1L Plastic	250mL Plastic	125mL Plastic	200mL Amber Glass	40mL vial	125mL Amber Glass	Jar	<input type="checkbox"/> Courier (#    ) <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Postal	Sample Comments / DG Hazard Warning	
Relinquished by  (Signature)  (Time / Date)																									
No	Client Sample ID	Date	Matrix																						
1																									
2																									
3																									
4																									
5																									
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<b>Laboratory Use Only</b>	Received By	AUCK   WELL   MELB	Date	___/___/___	Time	___:___	Signature	Temperature
	Received By	AUCK   WELL   MELB	Date	___/___/___	Time	___:___	Signature	Report No