



ELS

# CHAIN OF CUSTODY RECORD

(Please ensure all information is entered legibly and all entries are made with waterproof, permanent ink)

Please Print Legibly

**SAMPLE INFORMATION** (to be completed by sender)

85 Port Rd, Lower Hutt 04 576-5016

Your Company Name:		Sampler: _____	Received By:	
Address 1 Address 2 Address 3 Attn			Sample Date: _____	Date Received
Quote Number:		Enter Your Order Number _____	Time Received	
			Temperature on Arrival	
			Eurofins Batch Number	

Your Sample Description	Time Sampled	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8
		Please enter tests required and select below by sample							
Sample 01:									
Sample 02:									
Sample 03:									
Sample 04:									
Sample 05:									
Sample 06:									
Sample 07:									
Sample 08:									

<b>LAB COMMENTS</b>
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Please print, sign and ensure that this Chain of Custody is returned with your samples or a surcharge fee may apply.	I have read, understood and agree with the Terms and Conditions Document of Eurofins- ELS I agree to Eurofins-ELS performing the analyses as described by me above Signed .....Date.....
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