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CITY ANALYSTS LIMITED
CHAIN OF CUSTODY FORM

Client .....
Client's Contact.....
Client Address.....
.....
.....

Tel. No.....
Fax No.....
Purchase Order No.....

Sample Turnaround Required: 1 –10 days (specify)____

Report Format Required (specify):

CA Lab.Ref	Sample Date	Sample Reference I.D	Sample Type	Number of Containers	Analysis/ Suites Required

Special Instructions:

Samples Submitted By:.....
Date/Time:.....
Courier:.....
.....
.....

City Analysts Ltd Use Only
Received At Lab(sign):.....
Date/Time:.....
Sample Condition:.....
Comments:.....