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CHAIN OF CUSTODY RECORD

Date: _____
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LABORATORY CLIENT:					CLIENT PROJECT NAME/NO.:					
ADDRESS:					PROJECT CONTACT:					
CITY		STATE		ZIP		P.O. NO:		SAMPLER(S):		
PHONE:			FAX:		Email:				SPECIAL INSTRUCTIONS:	
TURNAROUND TIME DESIRED (Rush surcharges may apply to any TAT not "STANDARD")					METHOD OF SHIPMENT:				BILLING INFORMATION:	
<input type="checkbox"/> SAME DAY RUSH 200% <input type="checkbox"/> 24 HRS RUSH 100% <input type="checkbox"/> 48 HRS RUSH 75% <input type="checkbox"/> 3-5 DAYS 50% <input type="checkbox"/> STANDARD										
LAB USE ONLY	DESIGNATION OR PRODUCT DESCRIPTION					CONTAINER(S)		ANALYSIS REQUESTED		
LAB I.D.	CLIENT SAMPLE I.D.	DATE SAMPLED	TIME SAMPLED	SAMPLE TYPE	SAMPLE IDENTIFICATION/SITE LOCATION	#OF	PRESER-VATION			
COMMENTS						SAMPLE CONDITION:		SAMPLE TYPE CODE:		
Relinquished By: _____ Date: _____ Time: _____						Temperature : _____		A = Air / Vapor		
Received By: _____ Date: _____ Time: _____						Received On Ice Y / N		AQ = Aqueous		
Relinquished By: _____ Date: _____ Time: _____						Preserved Y / N		NA = Non Aqueous		
Received By: _____ Date: _____ Time: _____						Container Attacked Y / N		WW = Waste Water		
						Preserved at Lab Y / N		GW = Ground Water		
								RW = Rain Water		
								DW = Drinking Water		
								SO = Soil		
								SW = Solid Waste		
								OL = Oil		
								OM = Other Matrix		