CHAIN OF CUSTODY

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TRIES Lab

CLIENT INFORMATION

Company:							Ade	dress:													
Phone:					City/State/Zip:																
Report Contact Name:					Report Contact Email:																
Invoice Contact Name:					Invoice Contact Email:																
WORK ORDER INFORMATION																					
Sampled By:				Transported By*:								*For shipped samples leave Transported By blank.									
Turnaround Requested:	Standard (10 Days)		Exped	lite* (5	5 Days))	Speci	al Inst	ructio	ns:											
Turnaround Requested: Standard (10 Days) Expedite* (5 Days) Special Instructions: REQUESTED SERVICES REQUESTED SERVICES																					
Enter your unique sample l column below. Then, select you require for each sampl corresponding columns of Unique Sam	: the services e in the that row.	Average Length,	-7	al Charae	7			Determination, Athenory	Determination of the Market of the official Market of the official Market of the official of the official of the official officia	otal	Taiti	7	Gross Calorie		Determination 20	Determination of the second se	Determines:			Lab Use Only Remarks	

SAMPLE IR/	ACKING				
Relinquished by:	Name:	Date:	Received by:	Name:	Date:
Lab Use only Container Tape Present:	Container Tape Intact: Damaged: Matching C	OC/Labels: Sufficient Quantity:	TL Number:	Control Number: AP-FORM-04	1 Revision: 0 Effective Date:10/01/2024