



Chain-of-Custody Form

Pharmaceutical

Ship samples to:
 18804 North Creek Parkway, Suite 100
 Bothell, WA 98011

For BAL use only

Received by: _____ Date: _____

Work Order ID: _____ Time: _____

Project ID: _____

Client:
 Contact:
 Client Project ID:
 Samples Collected By:

PO Number:
 Phone:
 Email:

Mailing Address:
 Email Receipt Confirmation?
 BAL PM:

Requested TAT (business days) <input type="checkbox"/> 10 (standard) <input type="checkbox"/> 5* <input type="checkbox"/> 2* <input type="checkbox"/> 1* <input type="checkbox"/> Other _____ <small>*Surcharges may apply to expedited TATs</small>	Collection		Client Sample Info				BAL Analyses Required							Comments	
	Date	Time	Matrix Type	Number of Containers	Storage	CGMP Compliant	USP 232/233	- Class 1	- Class 2A	- Class 2B	- Class 3	- Other <small>specify in comments</small>	Elemental Analytes	Molecular Analytes	Specify Here
Sample ID															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Relinquished By:	Date:	Time:	Relinquished By:	Date:	Time:
Received By:	Date:	Time:	Total Number of Packages:		