



Chain of Custody

***For Environmental Samples**

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ENVIRONMENTAL COMPANY/CLIENT INFORMATION

Company/Client Name: _____ Phone: _____ Fax: _____

Company/Client Address: _____ City: _____ State: _____ Zip: _____

Company Contact Person: _____ Phone: _____ Ext.#: _____ Bill to Credit Card on File

Email Address for results: _____ Credit card form submitted

PROJECT SAMPLE INFORMATION

Project ID Name : (unique name by client) _____ Date sample(s) collected: ___/___/___

Address where sample collected: _____ City: _____ State: _____ Zip: _____

Samples collected by (print name): _____ Signature: _____

Samples shipped by (print name): _____ Signature: _____

Date released by client or Inspector : ___/___/___ Via (courier): _____ Tracking #: _____

NOTE: Turn around time – 10 business days on acceptance by laboratory (Incomplete information will put the sample on hold and delay testing)

Test Selection:							Sample #:	Sample Description (MAX 3) please print clearly	RTL # (Lab use only)
EMMA	"Myco 16"	Tricho only	Afla Only	Ochra only	Glio only	Cheto only			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

COMBINE ALL SAMPLES FOR ONE PRICE AND ONE RESULT

YES NO

For Lab Use Only:

Specimens received by (print name): _____ Signature: _____

Date received ___/___/___ Via (courier): _____ Tracking #: _____ Payment: CC / Check / MO / Company CC / None

Notes _____