KaizenLAB

CHAIN OF CUSTODY/ANALYTICAL REQUEST FORM

Kaizen Lab File #:

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Date Submitted:	Date Required:

Service Request: Regular (5 days) ☐
Rush (within 3 days) + 50% ☐
Priority (next day) + 100% ☐
Emergency (same day) + 200% ☐

ANALYSIS REQUESTED

Sample ID	Date Sampled	Sample Type										

Client:	Phone:	Relinquished By:		Received By:	
Contact:	Fax:	Date:		Date:	
Report Address:	Email:	Time:		Time:	
	P.O.#:	Sample Condition Upon Receipt:			
Billing Address:	Client Job #:	Frozen ☐ Cold ☐ Ambient ☐ Head Space (yes/no):			
	# Samples Submitted:	Other (breakage, leakage, illegible etc.):			
Special Requests:					

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