AMTEST
LABORATORIES

AmTest Chain of Custody Record
13600 NE 126th PL, Suite C, Kirkland, WA 98034
Ph (425) 885-1664   Fx (425) 820-0245
www.amtestlab.com

Chain of Custody No. **5000**

Client Name & Address:	Invoice To:
Contact Person:	Invoice Contact:
Phone No:	PO Number:
Fax No:	Invoice Ph/Fax:
E-mail:	Invoice E-mail:
Report Delivery: (Choose all that apply) Mail / Fax / Email / Posted Online	Data posted to online account: YES / NO Web Login ID:

Special Instructions:

Requested TAT: **(Rush must be pre-approved by lab)**
Standard   RUSH (5 Day / 3 Day / 48 HR / 24 HR)

Temperature upon Receipt:

Project Name:

Project Number:

AmTest ID	Client ID (35 characters max)	Date Sampled	Time Sampled	Matrix	No. of containers	Analysis Requested								QA/QC

Collected/Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time

COMMENTS: