

Eurofins Madison
 812 SW Harvey Greene Dr
 Madison, FL 32340
 (850)973-6878

Chain of Custody Record



Client Information Client Contact: <u>Kyle Frank</u> Company: <u>DH Madison</u> Address: <u>1416 SW Turchin Ave</u> <u>Madison, FL 32310</u> Sales Rep: <u>809-0458</u> Phone: _____ Email: _____ Project Name: _____ Site: _____		Lab PM: _____ E-Mail: _____ Due Date Requested: _____ TAT Requested (days): _____ PO #: _____ WO #: _____ Project #: _____ SOW#: _____						
Sample Identification <u>Company Bend</u> <u>SR 6</u> <u>150</u> <u>145</u>		Sample Date <u>11-22-24 2:25</u> <u>11-22-24 3:00</u> <u>11-22-24 3:25</u> <u>11-22-24 3:40</u>	Sample Time <u>2:25</u> <u>3:00</u> <u>3:25</u> <u>3:40</u>	Matrix <small>(W=Water, S=Solid, O=Other, T=Tissue, A=Air)</small> <u>Soil</u>	Preservation Code: <u>ETCCAL</u>	Total Filtered Sample (Yes or No) <u>Yes</u>	Total Number of Containers <u>150</u>	Special Instructions/Note: <u>150 Sealed</u>
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological Deliverable Requested: I, II, III, IV, Other (specify) _____				Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months Special Instructions/QC Requirements: _____				
Empty Kit Relinquished by: <u>Kyle Frank</u>				Method of Shipment: Received by: <u>Eurofins Madison</u> Date/Time: <u>11/22/24 4:08</u> Company: _____ Relinquished by: _____ Date/Time: _____ Company: _____ Relinquished by: _____ Date/Time: _____ Company: _____ Cooler Temperature(s) °C and Other Remarks: _____				
Custody Seal No.: <u>Δ Yes Δ No</u>				Custody Seal No.: _____				

