NEW ENGLAND TESTING LABORATORY, INC.

1254 Douglas Ave. North Providence, RI 02904 1-888-863-8522

CHAIN OF CUSTODY RECORD

PROJ. NC).	PROJ	ECT N	AME/LO	CATION								P R						/	
CLIENT REPORT TO: INVOICE TO:										S O I	OTHER	NO. OF	P R E S E R V A T .		TESTS					
DATE	TIME	C O M P	G R A B		SAMPLE I.D.				Ĺ	R	CONTAINERS	l V E							REMARKS	
Sampled by: (Signature) Date/Time Receive							d by: (Signature)				Date/Ti	Te	Laboratory Remarks: Temp. received: Cooled				Special Instructions: List Specific Detection Limit Requirements:			
Relinquished by: (Signature) Date/Time Receive											Date/Ti									
Relinquished by: (Signature) Date/Time Receive						d for Laboratory by: (Signature)				Date/Ti	me						Turnaround (Business Days)			