

Name: \_\_\_\_\_

Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Invoice to:

Results to:

### CHAIN OF CUSTODY FORM

Olsen's Agricultural Laboratory

210 East 1st Street / PO Box 370

McCook, NE 69001

Phone (308) 345-3670

Fax (308) 345-7880



Project Name

Project Location

#### ANALYSES REQUESTED

Contact Name

Samplers Name

Date Sampled	Time Sampled	Sample Identification	Number of Containers											Remarks

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Relinquished by (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received for lab by (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Relinquished by (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received by (print): \_\_\_\_\_

Signature: \_\_\_\_\_