



Litchfield Analytical Services

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Chain of Custody

Instructions: In order for analysis to be completed correctly, please fill out this form completely. "Test Method" codes must be included if specific methods are required. Remember to keep a copy of this form for your records.

Client Information

Client Name:
Company:
P.O. Box
Address:
City, State Zip
Phone Number:
Fax Number:
Email Address:

Request for Analysis

Tests Requested	Method Required

Sample Information

Sample ID:
Matrix:
Date Sampled:
Sampled By:
Sampling Method:

Chain of Custody Information

Relinquished By	Date/Time	>>>>>>>	Received By	Date/Time
		>>>>>>>		
		>>>>>>>		
		>>>>>>>		
		>>>>>>>		
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Special Instructions:

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