

Analytical Request / Chain-of Custody

Analytical Pesticide Technology Laboratories, Inc.

Date: _____

Page: _____ of _____



A.P.T. Labs Inc.
1050 Spring St.
Wyomissing, Pa. 19610
aptlabs@aol.com



(610)-372-4635 Fax

(610)-375-3888 Phone

Must Check One	Litigation _____ Non-Litigation _____
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Company Name: _____
 Point of Contact: _____
 Address: _____
 City, State, Zip: _____

Phone No.: _____
 Fax No.: _____
 Invoice to a different name and/or address
 (Check here and write info on back)

Write compounds here

After analysis samples should be: <input type="checkbox"/> Disposed of by APT <input type="checkbox"/> Stored over 30 days <input type="checkbox"/> Returned to customer <input type="checkbox"/> Store 30 days max				Write compounds here										Write sample info on horizontal rows. Write compounds in vert. columns. X at intersection. APT ID #			
Client sample ID	Date/Time taken	# of cont.	Sample type or description														

(Signature)		Date	Time	(Signature)		Date	Time
Sampled by _____		_____	_____	Received by _____		_____	_____
Relinquished by _____		_____	_____	Received by _____		_____	_____
Dispatched by _____		_____	_____	Received for lab by _____		_____	_____
Method of shipment _____		_____	_____	Lab comments _____			