Analytical Request / Chain-of Custody

Analytical Pesticide Technology Laboratories, Inc.

Date: _____
Page: _____ of _____

A.P.T. Labs Inc.
1050 Spring St.
Reading Pa. 19610
(610)-375-3888 Phone
aptlabs@aol .com
(610)-372-4635 Fax

Must Check One
Litigation _____
Non-Litigation _____

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:
____ Disposed of by APT ____ Stored over 30 days
____ Returned to customer ____ Store 30 days max

Write sample info on horizontal rows. Write compounds in vert. columns. X at intersection.

Client sample ID	Date/Time taken	# of cont.	Sample type or description											APT ID #

	(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	_____		