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

Client sample ID	Date/Time taken	# of cont.	Sample type or description											Write sample info on horizontal rows. Write compounds in vert. columns. X at intersection. APT ID #

(Signature) Date Time

Sampled by _____ _____ _____
Relinquished by _____ _____ _____
Dispatched by _____ _____ _____
Method of shipment _____ _____ _____

(Signature) Date Time

Received by _____ _____ _____
Received by _____ _____ _____
Received for lab by _____ _____ _____
Lab comments _____