

Exact Scientific Services, Inc. General Chain of Custody

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Client Information:	Please use additional boxes (yellow shaded area) below to add additional tests required. Check the boxes along the sample information to indicate test for each															
Company:	sample.															
Address:																
PO Number:		Test(s) Requested														
Project Name:																
Contact Information:																
Contact Person:																
Phone:																
Fax:																
Email:																
# Sample Name / Description / Location / Lot	Sample Date	ESS Lab#														
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12																
Samples relinquished by:	Date:		Time:			Comm	nents:									
Samples received by			Time:													