FOOD DEPT. CHAIN OF CUSTODY

REPORT TO:

Name: _____
Company: _____
Address: _____
_____
_____
Phone: _____
Fax: _____
E-mail: _____

Please check if additional assistance is needed

____ Rush by _____ (Additional Cost Incurred)
____ Call w/results
____ Fax results
____ Send more Chain of Custody forms
____ e-mail results
_____ Other:

2345 South 170th Street
New Berlin, WI 53151
www.sflabs.com
Phone: (262) 754-5300
Toll Free: (800) 300-6700
Fax: (262) 754-5310

WIDATCP #: 105-000168

Sample ID.	Date Sampled	Comp	Grab	Sampled by	Analysis Requested	Expected Range	Comments

Relinquished by:	Date	Time	Received by:
Relinquished by:	Date	Time	Received by:
Relinquished by:	Date	Time	Received by:

DC#: Form-FD-G-01

Revision: One