



Submittal Form / Chain of Custody

LAB USE ONLY		Date:
Lab ID	Analysis	Quant.

Report To (Company):	Order ID:
Contact Person:	Name of Sampler (print)
Address:	(sign)
Phone:	Propagator:
Fax:	
E-mail:	Copy to (in addition to "Contact Person"): dcrum@pwfourstar.com

Sample ID (description for customer's identification of sample)	Date Sampled	Time Sampled	Matrix (Please circle one)	Analyze For:	Remarks
			Water/Fertilizer	Nutrition	

Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By QAL:	Date	Time