

## SAMPLE CUSTODY FORM

Please Fill Out All Applicable Items:

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Invoice Address (if different from above)

Method of Payment PO# \_\_\_\_\_ Check \_\_\_\_\_

Storage Requirements (check box):  Room Temp.  Refrigerate  Freeze

Special Handling Instructions (Check all that apply)  N/A  Controlled Substance  Hazardous (include MSDS)

Other \_\_\_\_\_

Special Testing Instructions:

Sample ID No. (This will be printed on your Certificate)	Sample Description (This will be printed on your Certificate)	Analyses Requested (Method if Known)	Expected Concentration in Sample

ALL SERVICES PROVIDED BY ADVANCED LABORATORIES, INC. ARE SUBJECT TO ITS TERMS OF SERVICE, WHICH ARE AVAILABLE ONLINE. SUBMISSION OF CUSTODY FORM OR ITS EQUIVALENT OR A SAMPLE CONSTITUTES ACCEPTANCE OF THOSE TERMS OF SERVICE.

SUBMITTED BY: \_\_\_\_\_

CONDITION UPON RECEIPT: \_\_\_\_\_  
Advanced Laboratories Use Only

DATE & TIME SUBMITTED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_  
Advanced Laboratories Use Only

ADDITIONAL INFORMATION: \_\_\_\_\_

DATE & TIME RECEIVED: \_\_\_\_\_  
Advanced Laboratories Use Only



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