



Chain of Custody Form

***For Environmental Samples**

4100 Fairway Court, Suite 600, Carrollton, TX 75010 * Ph:972-492-0419*Fx:972-243-7759*www.RealTimeLab.com*CAP#7210193*CLIA#45D1051736

COMPANY INFORMATION

Company Name: _____ Phone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____ Ext. #: _____ Bill to Credit Card on File
 Email for results: _____

SAMPLE INFORMATION

Project Name: _____ Date specimen(s) collected: ___/___/___
 Address where sample collected: _____ City: _____ State: _____ Zip: _____
 Specimens collected by (print name): _____ Signature: _____
 Specimens released by (print name): _____ Signature: _____
 Date released: ___/___/___ Via (courier): _____ Tracking #: _____

Test Selection:						Sample #:	Sample Description (please print clearly):	RTL # (Lab Use Only)
EMMA (D8700)	Quad Myco. (D8400)	Tricho. Only (D8503)	Afla. Only (D8502)	Ochra. Only (D8501)	Glio. Only (D8510)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	

UP TO THREE SAMPLES MAY BE COMBINED AND RUN AS A COMPOSITE. FOR THIS SERVICE, LIST THE SAMPLE NUMBERS TO BE COMBINED ON ONE LINE

For Lab Use Only:
 Specimens received by (print name): _____ Signature: _____
 Date received ___/___/___ Via (courier): _____ Tracking #: _____ Payment: CC / Check / MO / Company CC / None
 Notes _____