

Form: ADN483.4

Chain of Custody Form

Please complete this form and return to info@adpen.com

P.O. Number:	Tracking Number:	
SENDER	SAMPLE INFORMATION	
Company:	Sampled by:	
Address:	Date sampled:	
City:	Total # of sam	oles:
State:	Turnaround:	
Contact Name:	Standard	Expedited Critical
Phone:		
Email:		
Request submitted by:		
Signature and date:		
Sample Description (include Lot #)	Tests to be Performed	Comments
FOR INTERNAL USE ONLY		
Received by:	Date:	Sample Arrival and Check-in
Comments/Conditions:		Date: Time:
		Initials: