CHAIN OF CUSTODY Form (petroleum products)



Activation Laboratories Ltd.



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Company name:						ACTLABS	ACTLABS project manager:			
Contact person:						By submit	By submitting samples the client agrees to all terms and conditions set forth in			
Address:						with the t	the quotation provided by the ACTLABS project manager. If you are not familiar with the terms and conditions associated with your project, please contact your ACTLABS representative as soon as possible: 905-648-9611.			
Telephone number: Cell number:						Request	Requested turn-around time:			
Fax number:		E-mail:			Method of sample delivery:					
Project name:						Courrier	Courrier tracking number:			
Project number:						Confirma	Confirmation of sample reception:			
PO number:							By E-mail: ☐ By Telephone: ☐ By Letter: ☐			
Sample ID	Bottle ID	Date and Time	Matrix*	Volume	Preservative	Initials	Requested analysis and	l methods	Comments	
Relinquished by (sign) (print)						Date/Time:		Comments:		
Received by (sign)	(1	(print)			Pate/Time:		Temp.:			
Relinquished by (sign)			(print)			Date/Time:		Comments:		
Received by (sign)			(print)			Date/Time:		Temp.:		

Please account for each sample bottle as a separate line item, for verification purposes.