

CHAIN OF CUSTODY RECORD ANALYTICAL SERVICES REQUEST



Huffman Hazen Laboratories
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CLIENT _____
CONTACT NAME _____
ADDRESS _____
PHONE # _____

Lab # _____
P.O. # _____
BILLING ADDRESS _____
FAX # _____

SAMPLERS: (Signature) _____

NUMBER OF CONTAINERS

ANALYSES REQUESTED

SAMPLE IDENTIFICATION	DATE	TIME	SAMPLE TYPE	NUMBER OF CONTAINERS	ANALYSES REQUESTED								REMARKS	

(Signature) RELINQUISHED BY	DATE	TIME	(Signature) RECEIVED BY	DATE	TIME	COMMENTS:
RELINQUISHED BY			RECEIVED BY			
RELINQUISHED BY			RECEIVED BY			
DISPATCHED BY:			RECEIVED FOR LAB BY:			

METHOD OF SHIPMENT: FED X UPS COURIER HAND-DELIVERY OTHER _____