

## Chemistry Sample CHAIN OF CUSTODY



**Microconsult, Inc.**  
 Microbiology & Chemistry Testing Laboratory  
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 Carrollton, TX 75006

**PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH SAMPLE. One sample per form required.**

Actives and/or test	Amount/Range (% , ppm, etc)	Specification (if no range listed)
		<input type="checkbox"/> ±10% <input type="checkbox"/> Report Result Only <input type="checkbox"/> Other:
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**PRODUCT NAME:** \_\_\_\_\_

**SAMPLE SIZE:** \_\_\_\_\_

**LOT/FORMULA No.:** \_\_\_\_\_

**SPECIAL HANDLING**  N/A    other: \_\_\_\_\_

**Sample Type:**    Finished Product    In Process/Compounding    Stability- Interval:  
                            Environmental    Validation    R & D    Raw Material (Attach C of A)

**BILL TO:**   PO/Reference No.: \_\_\_\_\_

**Time/FEES:**    STANDARD    RUSH 24 HR    RUSH 48 HR    RUSH 72 HR

Bill to different address/company than listed:

**SAMPLE RETURN:**    YES    NO

*Microconsult Inc. is not responsible for retain samples. Samples will be discarded 60 days after result is reported.*

**COMMENTS:** \_\_\_\_\_

**Customer Release Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED FOR TESTING TO BE INITIATED**

**Customer Reviewer/ Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>COMPANY:</b> _____		<b>CONTACT:</b> _____
<b>PHONE:</b> _____	<b>FAX:</b> _____	<b>EMAIL:</b> _____
<b>ADDRESS:</b> _____		

**DO NOT write below - FOR LAB USE ONLY**

<i>Color:</i> _____	<i>State:</i> _____	<i>Chemistry Lab No:</i> _____
<i>Date Sample Received:</i> _____		<i>Analysis/Method Required:</i> _____
<i>Entered in Database By/Date:</i> _____		
<i>Reviewed By/Date:</i> _____		
<i>Reviewed By/Date:</i> _____		