



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: _____ Authorize Expedite Fee (Mycotoxin Only)

SAMPLE INFORMATION

Project Name: _____ Date specimen(s) collected: ___/___/___

Address where specimen collected: _____ City: _____ State: _____ Zip: _____

Specimens collected by (print name): _____ Signature: _____

Specimens released by (print name): _____ Signature: _____

Date released: ___/___/___ Via (courier): _____ Tracking #: _____

<u>Test Selection:</u>						<u>Sample #:</u>	<u>Sample Description (please print clearly):</u>	<u>RTL #</u> (Lab Use Only)
Quad	Tricho.	Afla.	Ochra.	Glio.	ERM			
Myco.	Only	Only	Only	Only	Only			
(D8400)	(D8503)	(D8502)	(D8501)	(D8510)	(D8600)			
<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 _____