

## www.fglinc.com \*SHADED AREAS REQUIRED \*

## CHAIN OF CUSTODY

AND ANALYSIS REQUEST DOCUMENT

CLIENT DETAILS SECTION I				SAMPLING SECTION II								II	OFF:	ICE	USE	1 <u>O</u> 3	NL <sub>Y</sub>				ORI	GIN	AL		
Client:  New Customer Customer Number:  Address:					Sampler Name: Sampler Phone Number: Date of Sampling:									Lab Number:  Lab Location:  SP STK VI CH CC  Irrigation Suitability Subject to Rush Surcharge:											
Contact Person:					Time: Mileage:									QA/QC Report Required:											
Office Phone:																									
Cell Phone:					SAMPLING INFO								ANALYSES REQUESTED												
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Contact Person: Cell Phone: Email: PO:								PLANT TISSUE ANALYSE			SOIL ANALYSES				PATHOLOGY				OTHER ANALYSES						
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