

BIOSOLUTIONS, LLC

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Chain of Custody Record

PROJ. NO.		PROJECT NAME/LOCATION				NO. OF CONTAINERS	PARAMETER					REMARKS	LAB ID#
SAMPLERS: (Signature)													
STA. NO.	DATE	TIME	COMPOSITE	GRAB	STATION LOCATION								
Relinquished by: (Signature)		Date/Time		Received by: (Signature)		Relinquished by: (Signature)		Date/Time		Received by: (Signature)			
Relinquished by: (Signature)		Date/Time		Received for Laboratory by: (Signature)		Date/Time		Remarks					