

CHAIN-OF-CUSTODY/TEST REQUEST FORM

_____ of _____

Project/Client Name: AOCs MR Phase II
Project Number: 210075.01.03
Contact Name: Amara Vandervort
Sampled By: Windward

Ship to: ALS tels o

Attn: Sydney Wolf Shipping Date: 7/24/24

Shipper: Coorier Airbill Number:

Form filled out by: CP Turnaround requested: fast turn

[illegible]

* Distribution: White copies accompany shipment; yellow retained by consignor.



200 First Avenue West
Suite 500
Seattle, WA 98119
Tel: (206) 378-1364

To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by: