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Chain of Custody Form

Person/Organization Requesting
Test _____

Address _____ City _____

State _____ Zip _____ Country _____ Tel # _____

Fax #: _____ Email address: _____

DEA Registration/License # (if applicable) _____

Product Name _____ Date _____

Lot # _____ Signature _____

Specimen Collected by: _____ Title _____

If observed collection, Witness
signature _____

Date Collected _____ Time Collected _____

Specimen Type _____ Test Requested _____

Sample(s) Released by:

Name	Date	Time	Purpose

Sample(s) Received by:

Name	Date	Time	Sealed? Y; Yes, N; No