

## WORK ORDER

### CHAIN OF CUSTODY FORM-CONTROLLED SUBSTANCES

#### CUSTOMER INFORMATION

Customer Name & Address: _____ _____ _____ _____ Email: _____ Tel: _____ Fax: _____ Customer contact: _____ Lab contact: _____	Purchase order no.: _____ Sample identification (enter on page 2) _____ Analysis/test(s) required (enter on page 2) _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Sample status (check box):</td> <td style="width: 33%;"></td> <td style="width: 33%;">Legal</td> <td style="width: 33%;"></td> <td style="width: 33%;">Regular</td> <td style="width: 33%;"></td> </tr> <tr> <td colspan="3">Analysis Category:</td> <td colspan="3">Required Turnaround:</td> </tr> <tr> <td rowspan="3" style="vertical-align: top;">(check all that apply)</td> <td></td> <td>Microbiology</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Chemistry</td> <td></td> <td></td> <td>Rush*</td> </tr> <tr> <td></td> <td>Other</td> <td></td> <td></td> <td>Normal</td> </tr> </table>	Sample status (check box):		Legal		Regular		Analysis Category:			Required Turnaround:			(check all that apply)		Microbiology					Chemistry			Rush*		Other			Normal
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		Other			Normal																								

Identify sample matrix as listed and enter on page 2	*Liquid *Oil *Food *Plant Tissue	*Powder *Tablet *Capsule *Other.....	List sample details on page 2
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Date(yy/mm/dd) of collection: _____ Time of collection (AM/PM): _____ _____ Temperature at collection: _____ Sample Shipped by (name): _____ Additional comments: _____ _____	Storage Conditions during transportation (e.g. ice pack, dry ice, ambient, frozen) _____ _____ Company (if sample collected by a third party): _____ Work order completed by (name): _____ Disclaimer: PBR shall not be responsible for failure or delay in performance of its obligation due to causes beyond its responsible control.
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#### LAB INFORMATION (to be completed by the lab)

Sample received in the lab by: _____ Sample Integrity; Intact/Compromised: _____ Sample temperature when received: _____ Sample location in the lab: _____ Sample Log-in Completed by: _____ Name of the Analyst: _____ Comments: _____ _____ _____	Work Order No.: _____ Receipt date (yy/mm/dd): _____ Receipt time (am/pm): _____ Sample log-in date (yy/mm/dd): _____ Report No. (upon completion): _____
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*Note: After completion, send one copy of this form to the customer (if requested) and file the original in the Work Order Form binder.*

*\* - Rush samples will be expedited as quickly as the protocols allow.*

# WORK ORDER

## CHAIN OF CUSTODY FORM-CONTROLLED SUBSTANCES

<b><u>SAMPLE IDENTIFICATION AND ANALYSIS/TEST(S) REQUIRED AND PERFORMED</u></b>										
#	SAML E ID	SAMPLE MATRIX	LOT#	ANALYSIS/TEST(S) REQUIRED		SAMPLE WEIGHT (CLIENT)	SAMPLE WEIGHT (LAB)	Date analysis Completed	Analyst Initials	Data Binder#
<b>1</b>					Wt. of the container + sample					
					Net wt. of the sample					
<b>2</b>					Wt. of the container + sample					
					Net wt. of the sample					
<b>3</b>					Wt. of the container + sample					
					Net wt. of the sample					
<b>4</b>					Wt. of the container + sample					
					Net wt. of the sample					
<b>5</b>					Wt. of the container + sample					
					Net wt. of the sample					

Signature (Customer):.....

Date:.....

Sample weight verified by: \_\_\_\_\_

Signature (Lab QPIC):.....

Date:.....

(Sign/Date)