

Client Information:

# Chain of Custody

SPL # (Lab use only)

**Company:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Project Info:** \_\_\_\_\_

**PO#:** \_\_\_\_\_

TAT Requested (Business Days): 1 2 3 5 Standard (7-10)

Reports will be emailed (PDF) to above address. Additional Report Request:

Fax Mailed Hard Copy



2700B N Hayden Island Dr  
Portland, OR 97217  
503-641-0500 lab  
503-954-3073 fax  
www.synpestlab.com

<b>Analysis Request</b>				Special Instructions:

SPL Sample ID (Lab use only)	Sample Description	Date Sampled	Time Sampled	Sample Type	# of Containers					Notes	

**Relinquished By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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