

# Chain of Custody

SPL # (Lab use only)

Client Information:

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

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

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

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

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

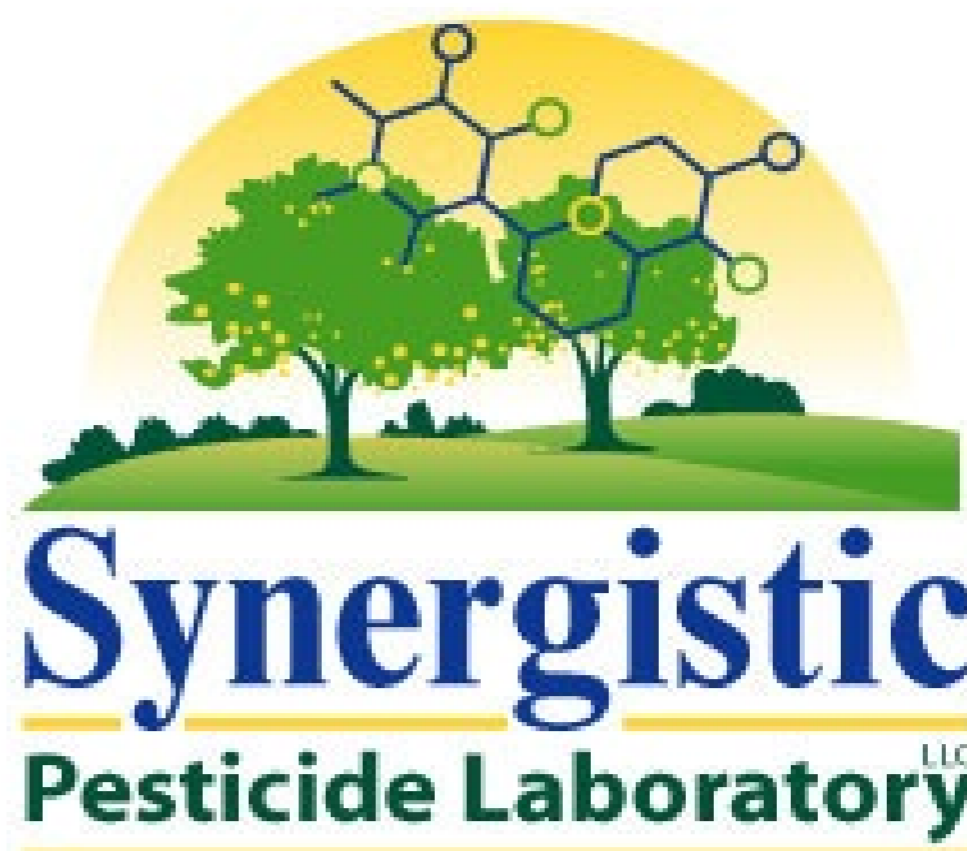
**Project Info:** \_\_\_\_\_

**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



2700 N Hayden Island Dr  
Portland, OR 97217  
503-405-4662 lab  
info@synpestlab.com  
www.synpestlab.com

Analysis Request			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: \_\_\_\_\_

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