



## TCLP Bulk Samples Chain of Custody Form

CONTACT INFORMATION	PROJECT INFORMATION
Client Name:	Project Name:
Client Address:	Project Number:
City, Province, Postal Code:	Project Address:
Phone:	
Email:	
CC Email(s):	

SAMPLE INFORMATION		
Number of Samples:	Date Results Required:	
Priority: <input type="checkbox"/> Five Day Turnaround	<input type="checkbox"/> Three Day Turnaround	<input type="checkbox"/> Next Day Turnaround
Submitted By:		

BILLING INFORMATION (if different from contact information above)	
Billing Name:	Billing Email:
Billing Address:	

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY APEX ONLY	APEX Project Number:
Received by:	Date/Time:
Analyzed by:	Date/Time:

