SEND SAMPLES TO:	**FRM - 301**	
USDA - AMS - S&T - LTAD **National Science Laboratories** 801 Summit Crossing Place, Suite B Gastonia, NC 28054 (704) 867 - 3873 **NOTE:** Please include a copy of this completed form with your samples.	**FORM / WORKSHEET:** Client Analytical Services Chain of Custody Form	
	Revision: Original	Replaces: N/A
	Effective: 03/04/2014	Page 1 of 1
	Prepared by: *Supervisor*	Approved by: *Management Supervision*

Report Results To:		**Billing/Invoice Information:**	
	Contact:		Contact: P.O.#: (when applicable)
	Client:		Client:
	Mailing Address:		Mailing Address:
	City, State, Zip:		City, State, Zip:
	Telephone #(s):		Telephone #(s):
	Email:		**Email:**

Results to be sent via email unless otherwise stated in special instructions.

Special Instructions &/or Information: (specify method & reporting units)

Analysis Requested (Enter an 'X' to indicate request.)

Sample Description	**Sample Identifier**	**Number of Containers:**	**Fat Content**	**Metals Analysis** (specify in Special Instructions)	**Moisture Content**	**Nitrite Content**	**pH**	**Protein Content**	**Salt Content**	**Sodium Content**	**Vitamin(s)** (specify in Special Instructions)	**Water Activity**	**Other -1:** (specify in Special Instructions)	**Other - 2:** (specify in Special Instructions)

Client Chain of Custody Information:		**For Lab Use Only**	
	Sent By:		Received By & Date:
	Ship Date:		Condition of Sample(s) Upon Receipt: ☐ Acceptable ☐ Not Acceptable