


## CHAIN OF CUSTODY RECORD

Client/Project Name:		Project Location:			<b>ANALYSES REQUESTED</b>							
Project Number:		Purchase Order Number:			/ / / / / / / / / / / /							
Sampler: <i>(Signature)</i>		Turnaround Times:    Standard 10 day Expedited:    24hr / 48hr / 72hr / 5 day										
Client Sample Identification	Type of Sample Canister ID	AtmAA Lab Number	Sampling Date	Sampling Time								
Relinquished by: <i>(Signature)</i>			Date	Time	Received by: <i>(Signature)</i>			Date	Time			
Relinquished by: <i>(Signature)</i>			Date	Time	Received by: <i>(Signature)</i>			Date	Time			
Relinquished by: <i>(Signature)</i>			Date	Time	Received for Laboratory by: <i>(Signature)</i>			Date	Time			
<b>Company Info:</b>		<b>Send Report to:</b>			<b>Analytical Laboratory</b>							
Company: _____		Company: _____			AtmAA Inc.							
Street Address _____		Street Address _____			5107 Douglas Fir Rd.							
City/State/Zip: _____		City/State/Zip: _____			Calabasas, CA 91302							
Telephone No.: _____		Project Manager: _____			TEL: (818) 223-3277							
Email Address: _____		Email Address: _____			Email Address: info@atmaa.com							