ANALYTICAL REQUEST/CHAIN OF CUSTODY

PO#:
Date:
Page ____ of ____

COLUMBIA FOOD LABORATORIES, INC
12423 NE Whitaker Way
Portland, OR 97230
Phone: (503) 254-1794 Fax: (503)254-1452 www.columbiafoodlab.com info@columbiafoodlab.com

Company Name:
Point of Contact
Address
City, State, Zip

Phone No.:
Email Address(s) for reports:

☐ Invoice to a different name and/or address (check here and write information on other side of this form)

After analysis, samples are to be:
☐Disposed of by CFL ☐ Stored over 30 days
☐ Returned to Customer ☐ Stored 30 days max.

For Nutrition Labels:
Serving Size _____ oz or _____ grams
No. of servings per container: _____

ANALYSES REQUESTED

Write sample information in horizontal rows. Write test names or codes in vertical boxes at left. Mark an "x" at the intersection, where appropriate.

Client Sample Identification	Date/Time Taken	# of Containers	Sample Type/ Description									**Comments**

(Signature) Date Time (Signature) Date Time

Sampled by
Relinquished by:
Dispatched by:
Method of shipment:

Received by: _____ _____ _____
Received by: _____ _____ _____
Received for Lab by: _____ _____ _____
Lab Job No.: Lab Comments: _____