

ANALYTICAL REQUEST/CHAIN OF CUSTODY

COLUMBIA FOOD LABORATORIES, INC

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PO#:
Date:
Page **of**

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

info@columbiafoodlab.com

Phone No.: **Fax No.:**

Email Address 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: _____

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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	C-tainer Type	ANALYSES REQUESTED										Comments								

(Signature) Date Time

Sampled by:

Relinquished by:

Dispatched by:

Method of shipment:

(Signature) Date Time

Received by: _____

Received by: _____

Received for Lab by: _____

Lab Job No.: _____ Lab Comments: _____