

CHAIN OF CUSTODY

REPORTING INFORMATION

Company: _____

Address / P.O. Box: _____

City, state, zip: _____

Contact: _____ Phone: _____

Email(s) for results: _____

BILLING INFORMATION - Same as above

Contact: _____ Email: _____ Phone: _____

SAMPLING INFORMATION

Case/Claim No.: _____

Vehicle year, make, and model: _____

V.I.N.: _____

Obtained by: _____ Date sampled: _____ Phone: _____

Additional info (e.g. loss No.): _____

SAMPLE DESCRIPTION

Control: _____

Project: _____

Extra Sample: _____

Extra Sample: _____

Extra Sample: _____

Extra Sample: _____

EVIDENCE TRANSFER RECORD

Relinquished by (signature):  _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____

**By signing this form the client agrees to the terms and conditions posted on absolutelabs.net.*