

Lead Chain of Custody

Client Information		
Company:	Name:	Phone:
Billing Address:		Email:
Sample Address:		Project #:

Techtron Project #

Franchise Number:

Sample #	Lab #	Sample Location	Results (mg/cm ²)	LOD (mg/cm ²)

Sampled by: _____ Date: _____ Time: _____

Relinquished by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____

Analyzed by: _____ Date: _____ Time: _____