Green Country Testing

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CHAIN-OF-CUSTODY FORM

FORM: MF-6

Client:			Invoice To (if Different):
Address:			
City:	State:	Zip:	Project Number:
Telephone:	FAX#:		Project Name:
Report To:	Sampler:		Purchase Order #:

Turnaround Time: Normal_____ Rush_____ Priority Rush _____ Fax_____

Sample ID	Co#	KVA	Make	Voltage	Serial Number	Sample Date	Test for PCB	Lab Number

Relinquished By:	**Date:**	**Time:**	**Received By:**		**Special Instructions:**
Relinquished By:	**Date:**	**Time:**	**Received By:**		