



SAMPLE PRIORITY (INTERNAL USE ONLY)

DATE/TIME RECEIVED

**SUBMITTER MUST COMPLETE ALL SECTIONS IN YELLOW**

AGENCY (OR CODE)	CONTACT PERSON	
ADDRESS	CONTACT PHONE NUMBER/EMAIL	
CITY/STATE/ZIP	RESULTS NEEDED BY (DATE)	TRANSPORT TEMPERATURE (Room temp, on ice, frozen, etc.)

SAMPLE MATRIX:      ☐ Liquid      ☐ Pill      ☐ Capsule      ☐ Solid      ☐ Cream      ☐ Makeup      ☐ Other \_\_\_\_\_

ANALYSIS REQUESTED: ☐ Toxin Screen by LC-HRMS ☐ Drug and Poisons Screening by GC-MS ☐ Pharmaceuticals Screen by GC-MS

☐ Metals by ICP-MS      Please select which metals:

☐ Arsenic ☐ Cadmium ☐ Chromium ☐ Copper ☐ Lead ☐ Manganese ☐ Molybdenum ☐ Nickel ☐ Selenium ☐ Thallium ☐ Zinc

ASPHL LAB NUMBER	SUBMITTER ID	SAMPLE DESCRIPTION	MANUFACTURER / LOT #	COLLECTION DATE	COLLECTION TIME

## Chain of Custody

Relinquished by:		Received by:		Date / Time
(Signature)	(Print Name)	(Signature)	(Print Name)	

COMMENTS: