



CHAIN OF CUSTODY FORM

In-Lab Job#: _____
 Reporting time req'd:

Regular Turnaround	_____
Rush Turnaround	_____

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 Laboratory Contact: Carey Matthiessen
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 Laboratory Contact: Shari Lafreniere
 Email: shari@2020seedlabs.ca

Company/Project Name: _____	PO#: _____		
Street Address & PO Box: _____	Project Ref#: _____		
City/Town: _____	Project Manager: _____		
Province: _____	Project Manager Email: _____		
Postal Code: _____			
Contact Person(s): _____	Phone#: _____	Fax#: _____	Email address: _____

Comments/Irregularities observed at sample collection time and/or other details relevant to lab analyses or invoicing:

In-Lab sample#	In-Field Sample Identification	Date collected	Time collected	TESTS REQUIRED (please mark with an "X")							NOTES
				Clubroot	Weed Seed Analysis						

Collected in-field by: _____	date	time	Relinquished by: _____	date	time
Relinquished by: _____	date	time	Relinquished by: _____	date	time
Relinquished by: _____	date	time	Received in laboratory by: _____	date	time