

T.E. LABORATORIES LTD
 Trading As



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CHAIN OF CUSTODY

Company Contact: _____ Telephone: _____
 Company Name: _____ E-mail: _____
 Company Address: _____ Customer
 _____ Order number: _____

Please tick the box if effluent sample is submitted

Sample Identification	Time & Date of Sample Taken	Sample Taken By	Analysis Required	Turnaround Time Working Days

Signed (Customer): Date:

FOR LABORATORY USE ONLY:

Time/Date samples Received	Received By	Sample condition	Lab Number	Due By Date