ANALYTICAL REQUEST / CHAIN-OF-CUSTODY

COLUMBIA FOOD LABORATORIES, Inc.
36740 E Historic Columbia River Highway / P.O. Box 353
Corbett, Oregon 97019
Phone 503-695-2287 Fax 503-695-5187 www.columbiafoodlab.com

Date: _____

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Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Fax No.: _____

E-Mail : _____

☐ Invoice to a different name and/or address (check here and write information on other side of this form)

After analysis, samples are to be:

☐ Disposed of by CFLI ☐ Stored over 60 days

☐ Returned to customer ☐ Stored 60 days max.

For Nutrition Labels:

Serving Size _____ oz _____ grams

No. of servings per container: _____

Analyses Requested

Write sample information in horizontal rows. Write test name(s) or code(s) in vertical boxes at left. Mark an "x" at the intersection(s), where appropriate.

Client Sample Identification	Date/Time Taken	No. of Containers	Sample Type / Description								Comments

(Signature)	Date	Time	(Signature)	Date	Time
Sampled by: _____	_____	_____	Received by: _____	_____	_____
Relinquished by: _____	_____	_____	Received by: _____	_____	_____
Dispatched by: _____	_____	_____	Received for Lab by: _____	_____	_____
Method of shipment: _____	_____	_____	Lab Job No.:	Lab Comments:	_____