



1985 Henderson Rd.
 Suite 304
 Columbus, Ohio 43220
 614-515-1792 Ph., 614-459-2409 Fx.
www.toxassociates.com

Chain of Custody Form

Person/Organization Requesting
 Test _____

Address _____ City _____

State _____ Zip _____ Country _____ Tel # _____

Fax #: _____ Email address: _____

Case # (if applicable): _____

Sample Type(food, drink, solid, liquid, pills,
 etc.) _____ Date _____

Description of item: _____ Quantity _____

Symptoms developed
 (describe): _____

Date Collected _____ Time Collected _____

Test Requested _____

Sample(s) Submitted by:

Name	Date	Time	Purpose

Sample(s) Received by:

Name	Date	Time	Sealed? Y; Yes, N; No