

CHAIN OF CUSTODY RECORD

CONTACT INFORMATION				Sample Type Code
Company:		Address:		
Contact:				
Phone:		City/State/Zip:		P = potable NP = non-potable

PROJECT INFORMATION			
Project Name (optional):		Date of Sampling:	
Project Description (optional):		Time of Sampling:	
		Sampled By:	
Laboratory ID	Sample ID/Sampling Location/Description	Sample Type Code	Comments

Relinquished By:		Date:		Quantity Sent:	SAMPLE CONDITIONS Internal Box Temperature:
		Time:			
Received By:		Date:		Quantity Received:	
		Time:			

Submission of samples to Hyperion Biotechnology, Inc constitutes acceptance and acknowledgement of all terms and conditions by the Customer.
Samples received after 14:00 (CST) will be considered received the next day. Grayed out areas are for Lab Use Only.