



# Northeast Laboratories, Inc.

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CT Cert. #PH-0404 NY Cert. #11471 EPA Cert. #CT-024 USDA Cert. #0976 FDA Reg. #3001743770 DEA Reg. Federal #RN0281852, CT #624

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## CHAIN OF CUSTODY

Telephone #: _____		FAX #: _____		EMAIL: _____		<b>ANALYSIS REQUESTED *</b>				
COMPANY NAME:		Client's Purchase Order #:				<i>* = Note: Some testing parameters may be outsourced to a certified laboratory</i>				
ADDRESS:		SAMPLE LOCATION (if DIFFERENT) from Client:				<u>Data Base</u> <u>Nutritional</u>	<u>Full Nutritional</u> <u>Analysis (via</u> <u>product testing)</u>	pH, Standard Plate Count, and Yeast+Mold Count =	<b>OTHER, as follows...</b>	
SAMPLED BY:		REPORT TO:								
<b><u>FOOD PRODUCTS</u></b>	Code #'s, etc.	Date Collected (or Produced)	Time Collected (or produced)	# OF CON- TAINERS	TYPE OF CON- TAINER	PRESER- VATIVES (IF ANY)	<u>STORAGE</u> <u>REQUIRE-</u> <u>MENTS:</u> (as required, e.g. refrigerate, freeze, retain at room temp. etc.			
SAMPLE DESCRIPTION (Description and/or ID#)										
RELINQUISHED BY:	DATE / TIME:	RECEIVED BY:	DATE / TIME:	REMARKS & NOTES:						
RELINQUISHED BY:	DATE / TIME:	RECEIVED BY:	DATE / TIME:							