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<th>Date/Time</th>
<th>Transported By</th>
<th>Date/Time</th>
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**Chain of Custody**

Sampled By ______________________________ Date/Time________________________
Transported By _________________________________ Date/Time________________________
TropWATER Received By _________________________________ Date/Time________________________

**Laboratory Use Only**

- CLIENT to: (i) Place a "tick" in the box(es) per sample, then; (ii) "Circle" the analyses required

**Source**
- Bottle Type / Label
- No. of Bottles
- Sampled By
- Date/Time
- Transported By
- Date/Time
- TropWATER Received By
- Date/Time

**Reason**
- Sampled by Client
- TropWATER

**Laboratory Use Only**

- TropWATER Lab Job No.
- TropWATER

**Laboratory Use Only**

- Client/Business Name
- Billing Address
- Phone
- E-mail
- Fax
- Contact Person Name

**Laboratory Use Only**

- Sampled by Client
- TropWATER