



WORK ORDER
CHAIN OF CUSTODY FORM-CONTROLLED SUBSTANCES

CUSTOMER INFORMATION

Customer Name & Address:	Purchase order no.:										
Email:	Sample identification (enter on page 2)										
Tel:	Analysis/test(s) required (enter on page 2)										
Fax:	Sample status (check box):										
Customer contact:	<table border="1"> <tr> <td>Legal</td> <td>Regular</td> </tr> </table>	Legal	Regular								
Legal	Regular										
Lab contact:	<table border="1"> <tr> <td>Analysis Category:</td> <td>Required Turnaround:</td> </tr> <tr> <td>(check all that apply)</td> <td></td> </tr> <tr> <td>Microbiology</td> <td>Rush*</td> </tr> <tr> <td>Chemistry</td> <td>Normal</td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>	Analysis Category:	Required Turnaround:	(check all that apply)		Microbiology	Rush*	Chemistry	Normal	Other	
Analysis Category:	Required Turnaround:										
(check all that apply)											
Microbiology	Rush*										
Chemistry	Normal										
Other											

- | | | | |
|--|---------------|-------------|-------------------------------|
| Identify sample matrix as listed and enter on page 2 | *Liquid | *Powder | List sample details on page 2 |
| | *Oil | *Tablet | |
| | *Food | *Capsule | |
| | *Plant Tissue | *Other..... | |

Date(yy/mm/dd) of collection:	Storage Conditions during transportation (e.g. ice pack, dry ice, ambient, frozen)
Time of collection (AM/PM):	Company (if sample collected by a third party):
Temperature at collection:	Work order completed by (name):
Sample Shipped by (name):	Disclaimer: PBR shall not be responsible for failure or delay in performance of its obligation due to causes beyond its responsible control.
Additional comments:	

LAB INFORMATION (to be completed by the lab)	
Sample received in the lab by:	Work Order No.:
Sample Integrity; Intact/Compromised:	Receipt date (yy/mm/dd):
Sample temperature when received:	Receipt time (am/pm):
Sample location in the lab:	Sample log-in date (yy/mm/dd):
Sample Log-in Completed by:	Report No. (upon completion):
Name of the Analyst:	
Comments:	

Note: After completion, send one copy of this form to the customer (if requested) and file the original in the Work Order Form binder.

** - Rush samples will be expedited as quickly as the protocols allow.*

PBR has accreditation from Standards Council of Canada (SCC) under the International Standard ISO/IEC 17025 (CAN-P-4E) for the registered tests.



ACR 23
Form # 24-CS
Policy # 12

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SAMPLE IDENTIFICATION AND ANALYSIS/TEST(S) REQUIRED AND PERFORMED										
#	SAMLE ID	SAMPLE MATRIX	LOT#	ANALYSIS/TEST(S) REQUIRED		SAMPLE WEIGHT (CLIENT)	SAMPLE WEIGHT (LAB)	Date analysis Completed	Analyst Initials	Data Binder#
1					Wt. of the container + sample					
					Net wt. of the sample					
2					Wt. of the container + sample					
					Net wt. of the sample					
3					Wt. of the container + sample					
					Net wt. of the sample					
4					Wt. of the container + sample					
					Net wt. of the sample					
5					Wt. of the container + sample					
					Net wt. of the sample					

Signature (Customer):.....

Date:.....

Sample weight verified by: _____

Signature (Lab QPIC):.....

Date:.....

(Sign/Date)