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**Job No:**

<b>ATTENTION</b>	Sheet _____ of _____
<b>CLIENT</b>	
<b>CLIENT NUMBER</b>	
<b>LOCATION</b>	

Sample Number	Sample Date	Sample Type	Location/Description (optional)	Samle Dimension or weight	Analysis Required	No. of Containers	1st Analyst Result	Analyst Initials

<b>Additional information:</b>	<b>Total number of containers</b>
<b>COC Custodian:</b>	Sampled by: _____ Checked by: _____
Name of COC Custodian:	Report writer: _____
Email to:	Analyst Name: _____
Turn around time	

Chain of custody must be signed and dated by LRM, courier, and laboratory.

RELINQUISHED BY (Signature)	ORGANISATION	RECEIVED BY (Sig)	ORGANISATION	DATE / TIME
	LRM Global			
RELINQUISHED BY (Signature)	ORGANISATION	RECEIVED BY (Sig)	RECEIVED FOR LABORATORY BY (Signature)	