

# CHAIN OF CUSTODY

**EXAMPLE**

**NICHE ANALYSIS, INC.**

399 Knollwood Road, Suite 208  
 White Plains, NY 10603  
 Phone: (914) 288-0805  
 Fax: (914) 288-0807

NICHE File #: \_\_\_\_\_

Reference #: \_\_\_\_\_

<b>PROJECT NAME:</b> <span style="color: red;">Jones Residence</span>
<b>SAMPLE ADDRESS:</b> <span style="color: red;">1 Maple Ave., City, State, Zip</span>

For Office Use Only

Page \_\_\_\_\_ of \_\_\_\_\_

<b>Client:</b> <span style="color: red;">Mark Jones</span>	<b>Sampled By:</b> <span style="color: red;">Mark Jones</span>	<b>Turnaround Time</b>
<b>Billing Address:</b> <span style="color: red;">same as above <u>or</u> billing address if different from sample address.</span>	<b>Sampled Date:</b> <span style="color: red;">05/18/2016</span>	6 hrs__ ; 12 hrs__ ; 24 hrs__ ; 48 hrs__ ; 72 hrs__ ; 5 days__ ; Other _____
	<b>Phone / Fax:</b> <span style="color: red;">(888) 888-8888</span>	<b>Delivered Method</b> <span style="float: right;"><b># of Samples</b></span>
<b>Email:</b>	<b>Lab Name</b>	

Sample ID	Location/Description	Bulk Sample (Description)	Lead Sample (Description)	Other ( )	Requested Test Method
1	2 <sup>nd</sup> Floor/ Master Bedroom/ Bath Room/ North Wall	Wall Plaster			PLM
2	Basement/ Boiler Room/ South West	Pipe Insulation			PLM
3A	1 <sup>st</sup> Floor/ Kitchen/ West Corner	VAT			TEM
3B	1 <sup>st</sup> Floor/ Kitchen/ West Corner	Mastic			TEM
4	1 <sup>st</sup> Floor/ Living Room/ East Wall/ Window Molding		Paint Chips		AAS

<b>Relinquished By:</b> <span style="color: red;">Mark Jones</span>	<b>Signature:</b> <i>Mark Jones</i>	<b>Date:</b> <span style="color: red;">5/18/16</span>	<b>Received By:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Relinquished By:</b>	<b>Signature:</b>	<b>Date:</b>	<b>Received By:</b>	<b>Signature:</b>	<b>Date:</b>

**NOTES:** \_\_\_\_\_

**Note:** Each sample must be placed in an individual zip-lock type bag.  
**DO NOT** place Chain of Custody form in the bag with your sample.