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"Dioxin Bioassays"

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Company \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
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Email: \_\_\_\_\_

### CHAIN OF CUSTODY

SAMPLE ID	SAMPLE MATRIX	NUMBER OF CONTAINER	SAMPLE AMOUNT	TURN AROUND TIME (DAY)	ANALYSIS REQUESTED (select one that applies)
				<input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 30	<input type="checkbox"/> Dioxin/PCB screen <input type="checkbox"/> Dioxin screen <input type="checkbox"/> Dioxin/PCB comprehensive <input type="checkbox"/> Dioxin comprehensive

Purchase Order # \_\_\_\_\_

Comments:

Sampled by	Date/Time	Relinquished by	Date/Time	Received by	Date/Time

Receiving Remarks: