CHAIN-OF-CUSTODY

Firstechnology, Inc.
4450 Johnston Parkway, Unit B
Cleveland, Ohio 44128
Tel: 216- 663-0808 • Fax: 216- 663-0656

CUSTOMER BILLING INFORMATION

COMPANY NAME _____ ADDRESS _____

CONTACT NAME _____ CITY _____

STATE/ZIP _____

PHONE ( ) _____

FAX ( ) _____

Purchase Order No. _____

SAMPLES WILL BE DISPOSED OF IN ACCORDANCE WITH FIRSTECHNOLOGY, INC.'S TERMS & CONDITIONS

COLLECTOR(S) NAME(S) print _____

COLLECTOR(S) SIGNATURE(S) _____

TURN-AROUND (circle): Regular Rush* (notify lab prior to delivery) *Needed by _____

PRIORITY SERVICE APPROVED BY:

SITE LOCATION:

DATE LOGGED:

VISIBLE ICE (circle): Yes No

PRESERV.LOC. (circle) FIELD LAB NONE

TEMP. (°C)

PARAMETER

FIRSTECHNOLOGY INC. #	CUSTOMER SAMPLE IDENTIFICATION	DATE COLLECTED	TIME COLLECTED	SAMPLE MATRIX	No. of CON-TAINERS											REMARKS

Relinquished by (sign)	Date/Time	Received by (sign)	Date/Time
Relinquished by (sign)	Date/Time	Received by (sign)	Date/Time
Relinquished by (sign)	Date/Time	Received for Laboratory by (sign)	Date/Time

Method of Shipment (circle)
US MAIL UPS FED. EX. FIRSTECHNOLOGY PICKUP PERSONAL DELIVERY OTHER

Preliminary Report Requested by (circle): Phone Fax E-mail

Report to be sent (if different than customer billing information):

NAME _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE ( ) _____ FAX ( ) _____

EMAIL: _____

WHITE- LAB YELLOW - REPORT PINK - CUSTOMER