



# IAS Laboratories

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# Chain of Custody

(Print and send in with Samples)

Date \_\_\_\_\_  
Time \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

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

Sample ID	Sample Description ( What are your concerns)	Lab No	Test Required

Method of Shipment \_\_\_\_\_

Relinquished by: \_\_\_\_\_

Payment \_\_\_\_\_  
Paypal, CC#, Check #

Print Name: \_\_\_\_\_