



IAS Laboratories

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Chain of Custody

Date _____
Time _____

Company _____
Address _____
Phone _____

Project Name: _____
Project Manager: _____
Email _____

Sample ID		Lab No	Test Required

Relinquished by: _____ Time: _____
Date: _____
Print Name: _____
Company: _____

Sample Dispose Instructions
_____ IAS _____ Return

Received by: _____ Time: _____
Date: _____
Print Name: _____
Company: _____

Call for credit Card