CHAIN OF CUSTODY RECORD

AQUATOX

AquaTox Work Order No:

Shipping Address: AquaTox Testing & Consulting Inc.
B-11 Nicholas Beaver Road
Puslinch, Ontario Canada N0B 2J0

Voice: (519) 763-4412 **Fax:** (519) 763-4419

P.O. Number:
Field Sampler Name (print):
Signature:
Affiliation:
Sample Storage (prior to shipping):
Custody Relinquished by:
Date/Time Shipped:

Client:
Phone:
Fax:
Contact:

Sample Identification					**Analyses Requested**									**Sample Method and Volume**		
Date Collected (yyyy-mm-dd)	**Time Collected (e.g. 14:30, 24 hr clock)**	**Sample Name**	**AquaTox Sample Number**	**Temp. on arrival**	Rainbow Trout Single Concentration	Rainbow Trout LC50	*Daphnia magna* Single Concentration	*Daphnia magna* LC50	Fathead Minnow Survival & Growth	*Ceriodaphnia dubia* Survival & Reproduction	*Lemna minor* Growth	*Pseudokirchneriella subcapitata* Growth	Other (please specify below)	**Grab**	**Composite**	# of Containers and Volume (eg. 2 x 1L, 3 x 10L, etc.)

For Lab Use Only

Received By: _____

Date: _____

Time: _____

Storage Location: _____

Storage Temp.(°C) _____

Please list any special requests or instructions: