



Chain of Custody Form

**Saskatchewan Research Council
Geoanalytical Laboratories**

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Customer Information		Invoicing Information (if different)	
Company		Company	
Contact		Contact	
Tel		Tel	
Fax		Fax	
Address		Address	
City		City	
Prov. / Country		Prov. / Country	
Post Code		Post Code	

Customer Instructions:	Customer Authorization
	<p>Authorization: I hereby authorize SRC to undertake the work as described according to the general terms and conditions detailed in the Fee Schedule: http://www.src.sk.ca/images/Geoanalytical%20Fee%20Schedule.pdf</p>
	<p>Print Name: _____</p>
	<p>Signed: _____</p>
	<p>Date: _____</p>

Receiving Information (LAB ONLY)			
Security Seal Numbers	Sample Numbers	SRC Group Number	
		Number and Type of Containers	
		Total Number of Samples	
		Total Number of Bags	
		Received By (initials) / Date	
		Comments:	
Authorization to commence Work (SRC)		(Date & Time)	
Payment Terms:		Estimated Cost:	

CUSTOMER TO AUTHORIZE AND FAX FORM TO (1) 306 933-5656