



TIMBER PRODUCTS INSPECTION

1641 SIGMAN ROAD, CONYERS GA 30012
770-922-8000 ext. 164 FAX 770-922-1290

LABORATORY REQUEST CHAIN OF CUSTODY RECORD

REPORT TO NAME:		INVOICE TO NAME:		PROJECT #:				PROJECT NAME / PO #:			
ADDRESS:		ADDRESS:		DESIRED SERVICE TURNAROUND:				NORMAL			
								RUSH (PLS CALL LAB TO RECEIVE PRICING & COORDINATE REPORT DATE)			
PHONE: FAX:		PHONE: FAX:									
EMAIL:		EMAIL:									
TP #:	SAMPLE DATE:	SAMPLE DESCRIPTION:						REMARKS:			
RELINQUISHED BY: CLIENT SIGNATURE		DATE/TIME:	RECEIVED BY: (TP)		RELINQUISHED BY:				DATE/TIME:	RECEIVED BY:	