TIMBER PRODUCTS
We Deliver Confidence.™
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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 / SPECIAL INSTRUCTIONS:

RELINQUISHED BY: CLIENT SIGNATURE	DATE/TIME:	RECEIVED BY: (TP)	RELINQUISHED BY:	DATE/TIME:	RECEIVED BY: