

IG MicroMed Environmental, Inc.

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Chain of Custody- Laboratory Samples

IGMM Lab Reference#:

Company Name: _____ Address: _____
 Contact Name (for Reporting): _____ Email: _____
 Phone: _____ Fax: _____

Check Preferred Reporting Method: Email Fax Regular Mail Paperless Invoice Copies to:

Matrix				Sample Descriptions	Tests & Methods Requested									
Sample #:	Product	Swab	Other (describe)	Include location, lot/code numbers, production date, etc.										

Unless stated, all samples will be tested using standard methods chosen by lab. If your specifications require a certain method please state above.

Relinquished by: _____ Received by: I.G. MicroMed Environmental Inc. _____
 Date/Time: _____ Date/Time: _____