



**FOODPROTECH®**

*Food Safety and Quality Technologies*

**Analytical Request / Chain-Of Custody**

FOR-LB-003

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Date: \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_

Company:		Please fill out Client Profile form for all billing and additional contact P.O. # :
Contact Person:		
Phone: (    )	Fax: (    )	
Method of shipping:		Date/Time:
Sampled by:		Date/Time:
Relinquished by:		Date/Time:

Analysis Required							

Write sample information in horizontal rows. Write test name(s) in vertical boxes at left. Mark an "X" at the intersection(s), where appropriate.

Lab Log # (FOODPROTECH® use only)	Client Sample Identification	Date/Time Taken	Sample Type / Description										Comments

FOODPROTECH® use only:	Received by:	Date:	Time:	Receiving Temperature (°C):
FP Lab No.:	Condition:	Comments:	Results Sent:	Invoiced: