Doc. ID:	CHL-FOR-32	Issue:	1
Title:	Chain of Custody Form	Issue Date:	15/10/25
Authorised by:	Karl Braasch (Lab Manager)		

CHAIN OF CUSTODY

COFFS HARBOUR LABORATORY

38 Gordon Street
Locked Bag 155
COFFS HARBOUR NSW 2456

t: (02) 6648 4460
e: coffs.lab@chcc.nsw.gov.au
www.coffsharbourlab.com.au

NATA Accredited Facility : # 12359

Client Details

Company Name:
Contact Person:
Sampler Name:
Contact Number:

Email:
Postal Address:

ABN/ACN:
Project Reference:
Purchase order #:
Quote ID:

Received by Coffs Harbour Lab

Name:
Signature:
Date/Time:

Preservation:
None / Ice / Ice bricks / Acidified / Filtered / Other:

Condition of receipt:
Ambient / Cool / Frozen / Other:

I relinquish the samples and agree to meet all costs of analyses, pay accounts within 14 days of receipt and understand that a minimum charge applies per batch. I hereby authorise Coffs Harbour Laboratory to dispatch samples to a NATA accredited Laboratory for analysis if required. Note that some microbiological testing is presumptive.

Client Signature: Print name: Company: Date:

Comments:

Tests / Suites Required

Lab Rego No.	Date /Time Sampled	Sample ID	Sample Matrix	Container Type										

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Comments:

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