

Venture Laboratories, Inc.
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**Chain of Custody / Sample
 Submission**

Date Submitted:		P.O. Number:	
Client:		Invoice To:	
Company:		Company:	
Address:		Address:	
City:		City:	
State:	Zip	State:	Zip
Phone:	Fax:	Phone:	Fax:

Analysis Requested	Sample Identification	Sample Description	Estimated Levels (If Known)
Special Instructions:			

REPORT RESULTS VIA:

FAX To:
Email To:
Mail To:

Turnaround Time Requested: Routine Rush

Authorizing Signature		Date:
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A completed and signed form constitutes an agreement with the terms and conditions of Venture Labs and authorizes Venture Labs to perform the requested tests.

Venture Labs Reference #		
Date Received:	Date Reported:	Condition:

Venture Laboratories, Inc. warrants that all services will be performed with reasonable care and in accordance with established and recognized testing procedures.

www.ventlabs.com
 email: info@ventlabs.com