AG LABORATORY & CONSULTING

2255 South Broadway 12, Santa Maria, CA 93454

Phone: (805) 739-5333 Fax: (805) 739-5522 www.aglaboratory.com

CHAIN OF CUSTODY

Requisition#:

Page____of_____

Company:				Grower:	
Billing Address:				Ranch:	
City/State/ZIP:				Requested Analysis	Please Read:
Report To:		Phone:			Use only 1 COC per Sample Type & per Ranch
Email:		Grower-Shipper Association Member: ☐			
ALC Sampled: ☐	ALC Shipping: ☐	Organic: ☐	Bulk: ☐	PO#:	

Samples received after 12PM are considered next business day.

Lab Sample ID column is for LAB USE ONLY	Date Sampled	# of containers	Item #	Client Sample ID	Crop:
			1		
			2		
			3		
			4		
			5		
			6		
			7		
			8		
			9		
			10		
			11		
			12		
			13		
			14		
			15		
			16		

Relinquished By:	Date:	Time:	Comments:
Received By:	Date:	Time:	

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CHAIN OF CUSTODY
Requisition#:

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Company:				**PCA:**							**Grower:**		
Address:											**Ranch:**		
City/State/ZIP:				**Temp. Check:**		**PO#:**		**Analysis Requested**					**Matrix Key:**
Phone:	**Report To:**			**Email:**									**L = Lysimeter** **W = Water** **S = Soil** **C = Compost** **T = Tissue** **P = Petiole** **GJ = Grape Juice** **F = Fertilizer**
Sampler:	**CSV Exportable:** ☐			**Grower-Shipper Association Member:** ☐									
ALC Sampled: ☐	**ALC Shipping:** ☐			**Organic:** ☐		**Bulk** ☐							
NOTE: Samples received after 12 PM will be considered the next business day.													
Lab Sample ID	**Date Sampled**	**Matrix**** (see key)		**Client Sample ID**									**Crop:**
			1										**Crop:**
			2										**Crop:**
			3										**Crop:**
			4										**Crop:**
			5										**Crop:**
			6										**Crop:**
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			12										**Crop:**
			13										**Crop:**
			14										**Crop:**
			15										**Crop:**
			16										**Crop:**
Relinquished By:					**Date:**		**Time:**	**Comments:**					
Received By:					**Date:**		**Time:**						