

Order Sheet/Chain of Custody

Customer Information	Destination Lab
Customer Name:	Capitol Analysis Group LLC 3011 Pacific Ave SE Olympia, WA 98501 (360) 918-8795 reports@capitolanalysis.com www.capitolanalysis.com WA License #: 0022
Address:	
City, State, Zip Code:	
Phone:	
Email:	
WA License #: <small>(For I-502 QA Mandatory Samples Only)</small>	

Transport Information

Company Name:	Make/Model of Vehicle:	
Phone Number:	Color of Vehicle:	
Transporter' s Name:	Vehicle License #:	
Transporter's phone:	WA Driver's Lic #:	
Date/Time of pickup:	Date/Time of Lab Drop:	

Number of Samples: _____

WA Leaf Manifest ID#: _____
(For I-502 QA Mandatory Samples Only)

Sample Information

Project Name or WA Leaf Sample ID#	Sample or Strain Name	Sample Type	Test Ordered	Sample Amount	Price

Please sign below before sending with transport. Thank you!

Relinquished by:	Received By:
Name of Company:	Name of Company: Capitol Anlysis
Signature	Signature:
Date:	Date:
Time:	Time:

