



FOOD SAFETY ANALYTICS

Samples Submission & Chain of Custody

Company Name: _____ Relinquished By: _____ FSA-Lab Work Order #: _____
 Address: _____ Date: _____ Received By: _____
 _____ Date: _____
 Analysis Date: _____

FSA-Lab ID #	Sample Description, Lot #, Product Type	Analysis Requested	SW, SI	Results	Units	COA Sent

Special Instructions if any:

Results Verified by Section Manager: _____ Tallied: _____ Invoiced: _____