



Sample Submission & Chain of Custody – Fill Out and Return

www.rimrockanalytical.com

(720)432.4789

Customer Information	Bill-To Information (If different from "customer")	Project Identifier:
Company Name:	Company Name:	(Lab Use Only)
Contact Name:	Contact Name:	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Phone:	Phone:	
Email:	Email:	
Sample Collector:	Purchase Order #:	
Collector Contact info:		

Sample Matrix Type				# Of Containers	Requested Analysis / Tests													
Date	Time	Sample ID			Gender ID (qPCR)	Pathogen ID _____	Culture Media _____	Mineral Analysis	Tissue Analysis	Cannabinoid	NextGen Seq.	Genetic Strain ID						
Surface Water <input type="checkbox"/>		Plant Tissue <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Water <input type="checkbox"/>		Biofilm <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrient Water <input type="checkbox"/>		Other _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:				Relinquished By:	Date/Time:			Received By:			Date/Time:							

Chain of Custody (CoC) – Completion SOP

To ensure accurate and efficient sample processing, fill out all required sections legibly in black or blue ink.

1. Submitter Information:
 - a. Fill out “**Customer Information**” section that corresponds to the facility/location the sample(s) were taken from.
 - b. The email provided in the “**Sample Collector**” section will be used to submit analytical reports to.
 - i. If this section is not completed, the email provided in “**Customer Information**” section will be the default email for report submissions.
 - c. Fill out “**Bill-To Information**” for billing. If the “**Customer Information**” is the same for billing, write “*SAME*” in Bill-To “**Company Name**” and the remaining section can be left empty.
 - d. The “**Sales Order #**” will be filled-out by the lab.
 - e. Leave the “**Project Identifier**” section empty for laboratory use.
2. Sample Matrix Type:
 - a. Select the type of sample that most closely represents the sample(s) being submitted. If different from the matrices provided, fill in the “other” section with the sample type.
 - b. If submitting multiple samples of different types, check all that apply.
3. Sample ID:
 - a. Fill-in a unique identifier for each sample that matches the label on the sample container. Samples can be grouped on a single line if labeled sequentially (e.g. 1 through 10) and are to be tested for the same analysis. Note: Samples will be reported as labeled on the CoC.
 - i. Fill-in the “**# of Containers**” associated with that line (continuing from the previous example – e.g. 10).
 - b. Input the “**Date**” and “**Time**” the sample(s) were collected in the corresponding column.
4. Requested Analysis/Test(s):
 - a. Check the box that corresponds to the requested analytical package or service. The names used correspond to our Analytical Services Catalog (documents available separately).
 - b. For analyses not on the CoC (e.g. a la carte testing), fill in the desired test type(s) in the blank columns and check the associated sample ID box below.
 - c. For “**Pathogen Detection**” and “**Media Culture**” testing, include the desired target/test type in the “**Notes**” section (e.g. *Fusarium oxysporum*, TYM).
5. Sample Relinquishment:
 - a. Write the name of the last individual to handle the sample(s) – usually the sample collector – along with the date and time the sample(s) were released (shipped).
 - b. Leave the “**Received By**” section empty for lab personnel that receive the sample(s).
6. Notes:
 - a. Use this section to include any additional relevant information on the sample(s), test requests, etc.
7. Shipping:
 - a. Most sample Kits include return shipping labels to be used when submitting sample(s). If not, ship samples to the listed “**Ship-To Address**” at the top of the CoC.
 - b. Follow the appropriate sampling and shipping instructions (available separately) when collecting sample(s).

Please contact Rimrock Analytical with any questions by emailing taylor@rimrockanalytical.com



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