



P.O. Box 310, Groton, MA 01450
Phone: 978-448-9954 Fax: 978-448-9152

Chain of Custody/Sample Submission Form

Name & Address _____ Phone # _____

Fax # _____
Email address _____
Project Name/Date _____ Client Contact _____

Sample ID	Sample Type	Sample Description & Location	Area (square inches or feet)

Released by _____ Date _____

Received by _____ Date _____

GML Project ID _____