CHAIN OF CUSTODY FORM

LIPA QUALITY CONTROL CENTER INC.
001 J.P. Laurel, National Highway, Purok 4,
Brgy. Sico, Lipa City, Batangas, 4217
Phone: (043) 702-8417; 0917-574-5711; 0917-574-5709
Email: info@lqcci.com • Website: www.lqcci.com

NOTE:
Please observe proper sampling containers, sample volume, preservation, holding time and other sample requirements for specific parameters.

Customer Name:	Received report(s) by: *(check applicable)* ☐ Email (Terms & Conditions Apply) ☐ Courier (w/ additional charge) ☐ Pick-Up ☐ Sales Representative/ Sampler ☐ Others: _____ *(please specify)*	*To be filled out by Lab Staff:* Upon receipt, the sample requirements submitted have been checked, and that the sample is: ☐ Within Specifications ☐ Out of Specifications **SPN:** _____
Address:		
Phone/ Fax No.:	Deed of Waiver Control No.:	
Email Address:	Test Report Release Date: *(This certifies the Turn-Around-Time Agreement between the client and LQCCI.)*	

Sampled by: *(Printed Name & Signature)* Date & Time		Submitted by: *(Printed Name & Signature)* Date & Time	
Received by: *(Printed Name & Signature)* Date & Time		Endorsed to: *(Printed Name & Signature)* Date & Time	
Sampling Method:	☐ Composite: Start _____End _____	☐ Grab	☐ Integrated ☐ Others: *(please specify)*

NO.	Reference Number *(to be filled-out by lab)*	Date & Time Sampled	Sample Name *(sample code or label used for identification of sample submitted)*	Sample Qty/Packaging *(kindly indicate sample volume, container type etc.)*	Sample Type	Analysis Required & Test Method *(see back page for corresponding test method, if not listed, please specify)*	Remarks

TERMS AND CONDITIONS:
1. The submitting entity shall provide payment for services upon receipt of the invoice/Certificate of Analysis or within the agreed terms of payment.
2. Samples submitted must be accompanied by P.O. and/or Quotation Reference #, if capable.
3. For walk-in customers, a 100% deposit and full payment shall be made upon pick-up.
4. The customer agrees with the test method, turn-around-time and subcontracting of test listed in this form (if any), and sampling plan (where applicable) will be referenced or linked in the test reports
5. Emailing of results shall depend on the eligibility of the customer to comply with payment terms.
6. Amendment of Test Request should be within the day for all the analyses.

CONFIDENTIALITY AGREEMENT:
LIPA QUALITY CONTROL CENTER INC. and the Customer agree that this Chain of Custody Form, its terms, and all other information stated herein are strictly confidential and shall not be disclosed to any person, firm, corporation, or other entity, orally or in writing, except as may be necessary to comply with applicable laws and regulations, court orders or other process of laws, regarding the subject matter of this agreement, or to enforce this agreement.

Conforme, _____
Customer Printed Name & Signature

Copy Distribution: Original – Receiving Section, Duplicate – Customer Copy