



REQUEST FOR ANALYSIS (Chain-of-Custody Form)

ODAFF-Laboratory Services
2800 N. Lincoln Blvd.
P.O. Box 528804
Oklahoma City, OK 73152-8804
Ph: (405) 522-5431

Customer: _____
 Submitter: _____
 Address: _____
 City, State ZIP _____
 Phone _____
 Fax _____

Alt. Invoice: _____
 Address _____

 Phone: _____
 Fax: _____

Lab Use Only

Sample Type:

- Feed
- Fertilizer
- Lime
- Pesticide
- Seed
- Food & Dairy
- Water Quality
- Other

Delivery Method:

- Hand
- Mail
- Courier (attach receipt)

Lab Number

	Requested Analysis												
Test / Guarantee													
Sample Description													

Comments: _____

I request the above analysis be performed & understand I may be required to pay the associated fees.

Relinquished/
 Submitted by: _____ Date: _____ Time: _____

Received
 for Lab by: _____ Date: _____ Time: _____