clarke

TEST/REFERENCE SUBSTANCE
Chain of Custody Form

Check One: ■ TEST SUBSTANCE REFERENCE SUBSTANCE

To be filled out by shipper:	Printed Name/Signature (*of shipper*): William Gooch
NAME OF TEST SUBSTANCE ON CONTAINER LABEL: **ANVIL 10+10 ULV**	
NO. OF CONTAINERS: 2 cs x 2 jug (4 total)	AMOUNT SHIPPED: (*Amount per container*) 2.5 gallons per jug 5 gallons per case
CONTAINER(s) DESCRIPTION: (*Glass or plastic HDPE bottles, water soluble packets, etc.*): L3 fluorinated HDPE jug	
BATCH/LOT NO. **2006120002 (1 case total, 2 jugs from 2 unique cases)** **1907080004 (1 case total, 2 jugs from 2 unique cases)**	TEST SUBSTANCE EXP. DATE: June 12, 2022 July 8, 2021
SOURCE OF SUBSTANCE: **Clarke**	COPY OF CERTIFICATE OF ANALYSIS Y X N
CARRIER TRANSPORTING TEST SUBSTANCE: **Federal Express**	DATE SHIPPED: 11/18/20
To be filled out upon receipt	
TEST SUBSTANCE RECEIVED BY: *(PRINTED NAME AND SIGNATURE)*: David French	DATE RECEIVED: 11/20/2020
WAS A BILL OF LADING/WAYBILL RECEIVED?	YES X NO
BILL OF LADING/WAYBILL / TRACKING NO.: *Include true copy of this form in data* 9251 1926 8262	
NO. OF CONTAINERS: 2 Boxes of 2 containers	AMOUNT RECEIVED: (*Amount per container*) 2.5 gallons per container / 10 gallons total
CONDITION OF CONTAINER(S) UPON ARRIVAL *(Intact, bags broken, etc.)*: Intact	
GLP STATUS: YES NO	STUDY NO(s):
To be filled out at time of return:	Print/Signature (*of sender*):
TEST SUBSTANCE SHIPPED TO: *(Person/ Facility name)*:	DATE SHIPPED:
To be filled out upon receipt	
PRINT/SIGNATURE (*of Recipient*):	CARRIER NAME: BILL OF LADING NO. OR TRACKING NO.:
NO. OF CONTAINERS:	AMOUNT RECEIVED: (*Amount per container*)
NO. OF EMPTY CONTAINERS:	
CONDITION OF CONTAINER(S) UPON ARRIVAL *(Intact, bags broken, etc.)*:	COPY OF CERTIFICATE ANALYSIS YES NO DATE RECEIVED:

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL". ORIGINAL AT: _____ INITIALS _____ DATE: ___