

**TrichAnalytics Inc.**

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**Chain of Custody (COC)  
for LA-ICP-MS Analysis**

**Invoicing**

**Reporting (if different from Invoicing)**

**Project Number:**

Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
City, Province:		City, Province:	
Postal Code:		Postal Code:	
Phone:		Phone:	
Email:		Email:	

**Sample Analysis Requested**

	Sample Identification:	Sample Type:	
		Species	Sample type
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Sample(s) Released By:	Sample(s) Received By:
Signature:	Signature:
Date Sent:	Date Received:
Sample(s) Returned to Client By:	Shipping Conditions:
	Shipping Container:
Signature:	Date Sent: