



**Concept Life Sciences - Cambridge** - Chain of Custody Record  
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 camsales@conceptlifesciences.com

Tel: 01954 782 791

Email:

**Department Samples Are For - please circle or tick: -**  
**IMPORTANT - PLEASE USE A SEPARATE SHEET FOR EACH DEPARTMENT**

**Please enter your testing requirements below, or attach your own form to this sheet if preferred  
 NEW CUSTOMER? PLEASE CONTACT THE LABORATORY BEFORE SUBMITTING SAMPLES FOR THE FIRST TIME**

**Microbiology**

**Pesticides**

**Nutrition**

**Customer: -**

**Analysis Required**

**Contact name / number: -**

Sample reference	Sample Description	Notes / Special requirements etc																

<b>Samples initially received by</b> M / N P	<b>Sign</b>	<b>Time / Date</b>	<b>Received by correct department</b> M / N	<b>Sign</b>	<b>Time / Date</b>	<b>Page of</b>
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