



LAB USE ONLY Date: Lab ID Analysis Quant.

Submittal Form / Chain Of Custody

(Rev. 040826)

Report To (Company):	Project Name / Number: Pleasant Grove Greenhouse
Contact Person:Michael Cosmo	Name of Sampler (print) Cosmo
Address: 112 N. Pine Ave.	(sign)
nverness, FL 34450	Bill to (if different from "Report To"):
Phone: 352-637-0019	
Fax: 353-637-0047	
E-mail:COSMO@AVALONCITY.COM	Copy to (in addition to "Contact Person"): TIM(a) VER HGRO.COM

				Cosmo 3-10		Sample ID (description for customer's identification of sample)	
						Date Sampled	
						Time Sampled	
						Matrix (Media, Soil, Tissue, Water, Fertilizer)	
						Analyze For: [Nutrition, Pathology, Other (specify)]	
				aquaculture use.	Transfer of the decision of th	Remarks	

Relinquished By:		Relinquished By:
Date		Date
Time		Time
Received By QAL:		Time Received By:
Date	1	Date
Lime	3	Time

Send samples to: QAL 403 E 11th Street Panama City, FL 32401 Phone (850) 872-9595 Fax (850) 872-9535