



QA.PT.1.4

Regional Chemistry Proficiency Testing Chain of Custody Form

Associate:		Date Received:
Survey:		Return by:
TASK	NAME	DATE
Ordered by:		
Diluted by:		
Aliquoted by:		
Tested by: (Also sign CAP Attestation Statement)		
Recorded on form by:		
Stored by:		
Entered on-Line		
Checked On-Line Entry		

Additional Comments: