

	INSTITUTE OF APPLIED SCIENCE & TECHNOLOGY	
	Chain of Custody Form	
	Doc No: IAST-QSP-6.4 F1	Date Issued:07/04/2026

CLIENT INFORMATION					
Client Order#:		Name of Customer/Organization			
Billing Address					
Contact Person		Contact Number		Email	

Turn Around Time (TAT): ☐ Standard (14 days)
☐ Other _____

Receipt of Results: ☐ Email ☐ Hardcopy Pick up
Select TAT and preferred method of Receiving Test Results.
Additional charge may apply for rush TAT.

SAMPLE INFORMATION																				
Sample ID	Assigned Lab ID	Analysis Required													Quantity Submitted	See Code Below				Sample Description / Comments
		pH	Conductivity	DO	BOD	COD	Chlorides	TDS	TS	TSS	Total Phosphate	Sulphate	Oil and Grease	Metals		Others	Matrix	Sample Type	Bottle Type	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐							
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐							
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		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐							
Samples collected by/Relinquished by						Date						Sample Received By						Date		
						Time												Time		



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Sample Conditions				Matrix Key	Sample Type key	Bottle Type Key	Preservative Key
Correct packaging and labeling?	Y/N or NA	Delivered within allowable holding times?	Y/N or NA	PW- Potable Water	G- Grab	P- Plastic	A-Ascorbic Acid OH-NaOH
Free from leakage or damage?	Y/N or NA	Adequate volume or quantity of material?	Y/N or NA	WW- Waste Water	C- Composite	G- Glass	H-HCl NA- None Required
Transported under required conditions (e.g., temperature)? Y/N or NA				SW- Surface Water		GA- Glass Amber	N-HNO ₃ O-Others
						O- Other	P- H ₃ PO ₄ S-H ₂ SO ₄

Comments:	

FOR THE ACCOUNTS DEPARTMENT

☐ Invoice Generated: Invoice Number:	☐ No Invoice Generated (Internal Customer)	Signature:
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CUSTOMER DECLARATION AND ACCEPTANCE

I, _____, hereby agree to the terms and conditions stipulated by the Institute of Applied Science and Technology. I confirm that all information provided in this request form is true, complete, and accurate to the best of my knowledge. I understand that the Institute may review the request and, where necessary, propose modifications to the requested tests or procedures. I acknowledge that any such changes will be communicated to me and my approval will be obtained before the commencement of any testing activities. I also acknowledge that the results issued will apply only to the samples submitted and tested, and that the Institute shall not be responsible for the interpretation or use of the results beyond the scope of the testing performed.

By signing below, I confirm my acceptance of these terms and authorize the Institute to proceed with the requested services.

Clients signature

Date _____

Accepted by

Date _____

CHANGES/AMENDMENT TO REQUEST

Reviewed by

Approved by _____