

## 4.1.1a CLIENT CHAIN OF CUSTODY FORM

(To be sent to clients who requests a form to control possible prosecution cases.)

**To:** IDEXX

Select the correct address by crossing out the others

20A Maui St Pukete Hamilton 3204		IVABS Building Massey University Tennent Drive Palmerston North 4440
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**Please acknowledge the safe receipt of the following samples and return this form to:**

Client name:

Address:

Phone nr:

Fax number:

Email address:

**Date sent:**

**Submitter signature:**

**Client Reference:**

**Details and identification of samples sent:**

Total and type of sample e.g.3x faeces	Identification e.g 14, 155, down cow	IDEXX Received (tick)

**Date of receipt at IDEXX laboratory:**

*(Ticked as received)*

Accession number given:

Condition of samples:

**Received by:** *Print Name*

**Signature:**

Laboratory Custody Chain of records completed:    yes / no

Fax/Email form to clinic                            yes / no