



ALLIANT FOOD SAFETY LABS, LLC

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www.AlliantFoodSafety.com

CHAIN OF CUSTODY RECORD

Report Information

Company:

Contact:

Address:

Phone:

Fax:

Email:

Invoice Information

(Same as Report Info)

Company:

Contact:

Address:

Phone:

Fax:

Email:

SAMPLE SUBMISSION FORM for Allergen Analysis

REPORT NUMBER

Date Rec'd by AFSL

Temperature
on Receipt

PO#

Quote #

Additional Reporting Information			Indicate analysis and method required (click in box to check selection)																
Rush Delivery: Please contact the laboratory to confirm rush dates and times before submitting samples.	Date Required		Almond	Cashew	Coconut	Crustacea	Egg	Fish	Gluten	Hazelnut	Histamine	Macadamia Nut	Milk	Mustard	Peanut	Pistachio	Sesame	Soy	Walnut
	Customer Signature																		
	Required on : All Analysis -or- As Indicated																		
Sample Identification		Date Sampled																	
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
Enter additional comments below																			
All samples must be clearly identified and all applicable areas of the submission sheet completed. Improper or incomplete submission sheets may result in delayed sample processing. If method is not specified, AFSL will use official methods based on sample matrix. For information on sampling and details on submitting samples for testing call 860-269-7248 or email priority@alliantfoodsafety.com																			
Relinquished by: (Signature/Print)			Rec'd by: (Sign/Print)			Date/Time			Purpose of Change/Remarks										