



# Chain of Custody Form

SPEC LAB LLC

SPEC Lab #   
(SPEC Lab Use Only)

Date:

To: SPEC LAB LLC  
Room 204, Papé Family Innovation Center  
Knight Campus for Accelerating Scientific Impact  
1505 Franklin Blvd  
Eugene, OR 97403

Phone: 541-225-5362  
Email: [speclab@speclabllc.com](mailto:speclab@speclabllc.com)

Customer or Company Name:

Address:

Phone No.:

Contact Person:

Email:

Sampler's Name:

Sample Address:

(if different than above)

Requested Method:

Sample Information:	Date of Collection:
Sample ID	Time of Collection

Location of Collection:	Date of Collection:
Sample ID	Time of Collection

Comments/Special Instructions:

Place this completed form inside the box prior to return shipping.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_