



Controlled Drug Substances

EMSL Order Number (Lab Use Only):

LATESTING
 520 MISSION STREET
 SOUTH PASADENA, CA 91030
 PHONE: (800) 303-0047
 FAX: (323)-254-9982

Company :		EMSL-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different <small>If Bill to is Different note instructions in Comments**</small>		
Street:		<i>Third Party Billing requires written authorization from third party</i>		
City:	State/Province:	Zip/Postal Code:	Country:	
Report To (Name):		Telephone #:		
Email Address:		Fax #:	Purchase Order:	
Project Name/Number:		Please Provide Results: <input type="checkbox"/> 'U' <input type="checkbox"/> '9a UJ' <input type="checkbox"/> 'AU'		
U.S. State Samples Taken:		Connecticut Samples: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
DEA Registration No.:				
Turnaround Time (TAT) Options – Please Check				
<input type="checkbox"/> 2 Week		(Please call for information) TAT: _____		
Test Type				
<input type="checkbox"/> Active Pharmaceutical Ingredient (API)		<input type="checkbox"/> Synthetic Cannabinoids		<input type="checkbox"/> OTHER (Specify Below)
Description:				
Check All That Apply: Samples Submitted are Schedule(s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
<small>All clients submitting orders for Controlled Substances must establish an account with EMSL Analytical, Inc. EMSL reserves the right to assign credit terms of Net 30 or COD based on credit evaluation and frequency of sample submittal. To establish a permanent account, you must be able to submit samples on a regular basis at a minimum of five times per year. EMSL reserves the right to make adjustments or changes to this policy as deemed necessary by business requirements.</small>				
Samplers Name:		Samplers Signature:		
Sample Description/ Lot #	No. of Containers	Volume, Weight, Count	Controlled Substance Content	Laboratory Use Only
				CS-
				CS-
				CS-
				CS-
				CS-
				CS-
				CS-
				CS-
				CS-
Client Sample # (s): -		Total # of Samples:		
Relinquished (Client):		Date:	Time:	
Received (Lab):		Date:	Time:	
Comments/Special Instructions:				



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Client Sample # (s):	-	Total # of Samples:
Relinquished (Client):	Date:	Time:
Received (Lab):	Date:	Time:
Comments/Special Instructions:		

Sample Description/ Lot #	No. of Containers	Volume, Weight, Count	Controlled Substance Content	Laboratory Use Only
				CS-
				CS-
				CS-
				CS-
				CS-
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***Comments/Special Instructions:**