



REQUEST FOR ANALYSIS
(Chain-of-Custody Form)

ODAFF-Laboratory Services
2800 N. Lincoln Blvd.
P.O. Box 528804
Oklahoma City, OK 73152
Phone: (405) 522-5431

Name/Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Invoice: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Lab Use Only	
Section/Sample:	
Feed	
Fertilizer	
Lime	
Meat	
Food Safety	
Dairy	
Inorganic	
Pesticide	
Seed	
Delivery Method	
Hand	
Mail	
Courier	
(attach receipt)	
Lab Number	

Preservation OR Label Guarantee	Test Name												

Sample Description	Sample Collection	
	Date	Time

I request the above analysis be performed and understand I may be required to pay associated fees.

Relinquished by: _____ Date/Time: _____ Accepted by: _____ Date/Time: _____