Alliance 179 W Ra Phone: (616	ındall, Co	opersvil	le MI,					M	ſD	AR	2D	Ch	ain	of (	Cus	tody	y		
Client Name			РО				<b>Analysis Requested</b>												
Address			Phone/Fax#																
City State			Email Address(es) for Reports 1.																
Zip							ount	Count											
			3.		No. of Containers	Standard Plate Count	Cell Co	S	Coliform Count	ount									
Sampled By:		ID Nun	mber: Signature:			ndard	Somatic Cell	Inhibitors	iform	coli Count									
Date Sampled				Sample Identification		No.	Star	Son	Inhi	Coli	E.c						Lab	Laboratory Sampl	
<b>S</b> :	ignature			Print Name							Omi	pany	,				Date		Time
Relinquished E				1 Tille (Name							OIII	parry					Date		Time
Received By:																			
Relinquished E	Ву:																		
Third	Party	Billi	ng In	formation															
Name of Comp	Name of Company			Phone Number				PO Number											
Company Address			Email				Signature of Authorized Representative of Payee												
Samples are di	scarded 3 day	s after results	are report	ed unless other arrangements are made. Haza	rdous samp	les wi	ll be r	eturne	ed to t	he cli	ent or	dispo	sed of	at clier	t expe	nse. Th	ne analytical	results ass	ociated with this CC

apply only to the samples as the laboratory received them. The liability of the laboratory is limited to the amount paid for the report. Terms: Net 15 days

Chain of Custody Form 104a 10/19/2020