

SePRO Research & Technology Campus



PlanTEST* Pretreatment Assay

Chain of Custody

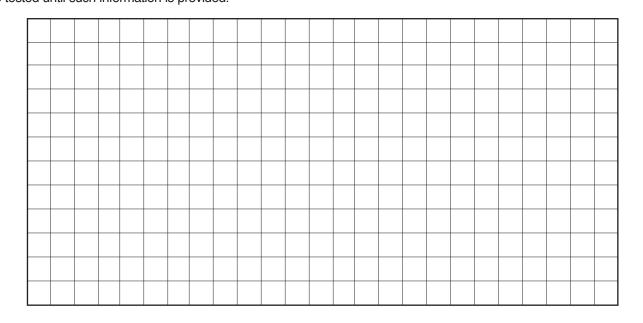
| Company Name: Contact Person: | | | | | | | |
|--|--|----------------------------|----------|------------------|--|--|--|
| Billing Address: | | | | | | | |
| Telephone: | | | | | | | |
| Project/Reference Name: | | | | | | | |
| SePRO Aquatic Specialist Name: | | | | | | | |
| Sampler: | | | | | | | |
| Check Payment Method: Check Po Number_ | □ VISA □ MasterCard | Card No | CCV Code | Expiration Date: | | | |
| $\hfill \Box$ Check here if you would like us to keep this cre | dit card information on file for future l | ab analysis orders. | | | | | |
| (To establish a secure credit card file for future billing | g, please contact the SePRO Accounting | Department at 317-580-8291 |). | | | | |
| Number of samples to be analyzed: | | | | | | | |
| If billing information is omitted, an invoice will be mailed | | | | | | | |
| Samples sent with insufficient information for billing will | not be tested until such information is pr | ovided. | | | | | |

Draw a map of waterbody or enclose a copy of a prepared map identifying the following:

- Sample locations by Sample Numbers as listed on the other side of this form.
- · Treatment area, if not the whole lake.

Direct all inquiries about your sampling to your SePRO Aquatic Specialist. Ship samples to:
SePRO SRTC
Attn: Haywood Perry
16013 Watson Seed Farm Road
Whitakers, NC 27891-9114
E-mail: haywoodp@sepro.com

Tel: (252) 437-3282





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| Water Body Name: | | | Water Body Size (acres): | | | |
|---|--------------------------|------------------------|---|--------------------------------------|-------------|--|
| Water Body Average Dep | oth (feet): | | Target P | | | |
| Client Sample Site I.D. | Date Sample Collected | Depth Collected (feet) | Sample Location – Id (GPS coordinat | entify sites on map es preferred) | Field Notes | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| Shipped by: | | | Date/Time: | | | |
| To be filled out by laboratory | | ••••• | | | | |
| Received by: | | | Date/Time: | | | |
| Sample condition upon receipt: Good Fair Poor | | | Method of Shipment: Cooler Un-insulated package | | | |
| Date analysis performed: Date results sent: | | | Results sent via: Fax Mail E-mail Telephone | | | |