CHAIN OF CUSTODY

HIH LABORATORY, INC.
100 E. NASA Parkway, Suite 210
P.O. BOX 57727
Webster, TX 77598
phone: 281-338-9000
fax: 281-338-2351
www.hihlaboratory.com

REPORT TO:

COMPANY
ADDRESS
CITY STATE ZIP
ATTENTION:
PHONE #
FAX #
EMAIL

INVOICE TO:

COMPANY
ADDRESS
CITY STATE ZIP
ATTENTION:
PHONE #
FAX #
PO

☐ CHECK BOX
If "report to" & "invoice to address are the same

WARRANTY AND LIMITATION OF LIABILITY

HIH LABORATORY, Inc. warrants that services provided shall be performed in accordance with established and recognized analytical testing procedures and with reasonable care. No other warranties are made by HIH. The liabilities and obligations of HIH, and the remedies of the client, under or in connection with any HIH services shall be limited to repeating the services performed or at the sole option of HIH, refunding the fees in full or in part with respect to such services provided, however, such failure or negligence is reported in writing to HIH within 30 days after the discovery thereof but in no event later than one year from the performance of the services by HIH. In no event will HIH, its owners or its employees by responsible for any punitive, consequential, incidental, indirect or special damages (including loss of profits or revenue by the client or any third party). Liability shall be limited to the amount covered by the general liability insurance carried by HIH. The services provided by HIH could not be made available without an increase in cost if HIH is required to provide representation warranties or guarantees in addition to, or in lieu of, those expressly set forth above.

REQUESTED ANALYSES

	SAMPLE ID	DATE SAMPLED	TOTAL LITERS FILTERS & TUBES	MINUTES PASSIVE MONITORS ONLY	MEDIA TYPE	SPECIAL INSTRUCTIONS RUSH											COMMENTS
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	

RELINQUISHED BY: DATE/TIME
RECEIVED BY: DATE/TIME

RELINQUISHED BY: DATE/TIME
RECEIVED FOR LAB: DATE/TIME

CONDITION UPON RECEIPT: