

SePRO Research & Technology Campus



## EffecTEST<sup>®</sup> Post-treatment Assay

## **Chain of Custody**

Company Name:		Contact P	erson:			
Billing Address:						
Telephone:	Fax Number:			E-mail Address:		
Project/Reference Name:						
SePRO Aquatic Specialist Name:						
Sampler:						
Check Payment Method:  Check  PO Number_		MasterCard	Card No	c	CCV Code	Expiration Date:
$\hfill\square$ Check here if you would like us to keep this cred	dit card information or	n file for future la	b analysis or	ders.		

(To establish a secure credit card file for future billing, 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 to the sampling company listed above.

Samples sent with insufficient information for billing will not be tested until such information is provided.

Draw a map of waterbody or map identifying the following	enclose a copy of a prepared													
$\cdot$ Sample locations by S	Sample Numbers as listed													
on the other side of th	is form.													
Treatment area, if not	the whole lake.													
Direct all incruisies	Chin complex to:													
Direct all inquiries about your sampling	Ship samples to: SePRO SRTC													
to your SePRO Technical Sales Specialist.														
	E-mail: srtclab@sepro.com													
	Tel: (252) 437-3282													



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Water Body Avera	ge Depth (feet	t):			Target F	get Plant Species:										
Client Sample Site I.D.	Date Sample Collected	Depth Collected (feet)	Date(s) Treated	Application Rate(s)	Treated Area (In Acres)	Sample Location – Identify sites on map (GPS coordinates preferred)	Field Notes									
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
0.																
1.																
2.																
3.																
4.																
		I					I									
Received by:	ny •••••	••••••		• • • • • • • • • • • • • • • • • • • •		Date/Time:										
ample condition upon receipt:  Good Fair Poor						Method of Shipment:  Cooler Un-insulated package										
Date analysis perf			ate results s	sent:		Results sent via: 🗌 Fax 🗌 Mail 🗌 E-mail 🗌 Telephone										