



Chain of Custody-Pharmacy

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DO NOT FILL DO NOT FILL DO NOT FILL DO NOT FILL				CONTACT PERSON AND ADDRESS (correspondence) (1)					
								Client	
								Address	
								Contact person (for OOS)	
								Phone Nr.	
								E-mail	
SAMPLE INFORMATION (see inst. 5)				ADDRESS (invoice) (2)					
Sampling date:				Client					
Delivery date*				Address					
Protocol for sampling		Yes <input type="checkbox"/>	No <input type="checkbox"/>	PROJECT INFORMATION (see inst. 3,4)					
Sampled by:				Project name					
				Offer Nr.					
				Order Nr.					
Sample Nr.	SAMPLE NAME (see inst. 6)	LOT number (7)	Limits (8)	REQUIRED ANALYSIS (9)	Required method (10)	Storage conditions a)	Remark (11)		
SIGNATURE (12)				DON'T FULFILL!!!					
Client's signature		Accepted by lab	Date and time	Assigned by	Date	Approved by	Date		
Date		Delivery conditions		Temperature of delivery		Optional information			
						Hours above 8°C	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Please, fill in the form readable.

a) R-Refrigerator 2-8°C

RT - Room temperature 18-27°C

F - Freezer -14 to -25°C