



# SAMPLING CHAIN OF CUSTODY (COC)

Use separate forms for each date, or wipe/sampling kit, and for each sampling person  
 This completed form must be submitted with all samples. Also email to: [pharma@americananalytics.com](mailto:pharma@americananalytics.com)  
 9765 Eton Ave. Chatsworth, CA 91311, United States

AA lab use only  
 35. AA COC No.:

1. Wiping/Sampling Date (MM/DD/YYYY):	2. Kit Number:	3. Kit purchased from: <input type="checkbox"/> Direct from AA <input type="checkbox"/> Vendor: _____	4. Invoice P.O Number
5. Company to be Invoiced:		6. Invoice Contact Person:	7. Invoice Phone (+ ext.):
8. Invoice Address (including: street, city, state, zip):			9. Invoice Email:

### Sampling Site Information:

10. Name of Sampling Site:	11. Sample Collector Name:	12. Sample Collector Phone (+ext.):
13. Address (street, city, state, zip):	14. Department:	14.1 Bldg
		14.2 Room:
15. Sample Collector Signature:		

### Report Recipient Information:

16. Report Recipient Name:	17. Report Recipient Mailing Address:	18. Report Recipient Phone (+ ext.):	19. Report Recipient Email:
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### Sampling Information: (\*Please use the same Location Description in consecutive sampling events for trend and statistical analysis)

20. Line no.	AA Lab Use Only <sup>(a)</sup>		22. Vial ID <small>(Provided on Sticker) (ex: 202309-01A)</small>	23. Client Sample ID	24. Sample Location Description*	25. Time of Wiping? (24Hr, HH:MM)	26. Indicate Surface Material <sup>(b)</sup>	27. Frame Used? (Y or N)	28. Frame Not Used? <small>Measure your sampling area with provided tape</small>		29. Date Surface Cleaned?
	21. AA No.								<small>(28.1) Length(in)</small>	<small>(28.2) Width(in)</small>	
1.											
2.											
3.											
4.											
5.											
6.											

30. Relinquished/Received By:	Date:	Time:	31. Check Box for Requested Analysis								
30.1			31.1 <input type="checkbox"/> Busulfan	31.7 <input type="checkbox"/> 5-Fluorouracil	31.13 <input type="checkbox"/> Cyclophosphamide	31.16 <input type="checkbox"/> Total Platinum Analogs	<u>Hormones</u>				
30.2			31.2 <input type="checkbox"/> Cytarabine	31.8 <input type="checkbox"/> Gemcitabine	31.14 <input type="checkbox"/> Vincristine	31.17 <input type="checkbox"/> Carboplatin	31.20 <input type="checkbox"/> Testosterone				
			31.3 <input type="checkbox"/> Daunorubicin	31.9 <input type="checkbox"/> Ifosfamide	31.15 <input type="checkbox"/> Irinotecan	31.18 <input type="checkbox"/> Cisplatin	31.21 <input type="checkbox"/> Progesterone				
			31.4 <input type="checkbox"/> Docetaxel	31.10 <input type="checkbox"/> Methotrexate		31.19 <input type="checkbox"/> Oxaliplatin	31.22 <input type="checkbox"/> Estradiol				
30.3 AA Work Order No.			31.5 <input type="checkbox"/> Doxorubicin	31.11 <input type="checkbox"/> Mitomycin C			31.23 <input type="checkbox"/> Estriol				
30.4 AA Project No.			31.6 <input type="checkbox"/> Etoposide	31.12 <input type="checkbox"/> Paclitaxel			31.24 <input type="checkbox"/> Estrone				

<p><b>Note:</b> Sample(s) will be disposed of after 30 days following the submittal of the sample(s) to American Analytics, Inc. Use and attach additional notes if necessary. (a) Shaded items are for American Analytics Use Only. (b) Must indicate surface type. Examples of surface materials: Stainless Steel (SS), Plastic, Vinyl, Glass, Laminate, Formica, Wood, etc.</p> <p>34. <input type="checkbox"/> Scan &amp; email a copy to: <a href="mailto:pharma@americananalytics.com">pharma@americananalytics.com</a></p>	<p>32. Closed system transfer devices in use? <input type="checkbox"/> Yes <input type="checkbox"/> No      Device Name and Model No.:</p> <p>33. Shipping Tracking Number</p> <p style="text-align: right;">33.1 <input type="checkbox"/> FedEx 33.2 <input type="checkbox"/> Other _____</p>
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