

*Venture Laboratories, Inc.*  
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**Chain of Custody**

<b>Client:</b>		<b>Invoice To:</b>	
Company:		Company:	
Address:		Address:	
City:		City:	
State:	Zip	State:	Zip
Attention:		Attention:	
Phone:	Fax:	Phone:	Fax:

Analysis Requested	Sample Identification	Sample Description	Estimated Levels (If Known)

Special Instructions:
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<b>Venture Laboratories, Inc. Identification Number:</b>		
Date Received:	Date Tested:	Date Reported:

Unless otherwise specified, samples are retained for a maximum of 30 days after the reported date. Perishable samples are retained for a maximum of 7 days.

Venture Laboratories, Inc. warrants that all services will be performed with reasonable care and in accordance with established and recognized testing procedures.