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Chain of Custody – Shelf Life Sample

Date submitted:		PO#:	
Customer Info			
Company Name/Requested by:			
Address:			
Phone: _	Email:		· · · · · · · · · · · · · · · · · · ·
# of weakeness week.			
Sample Storage Temperature:		# of packages rec'd: Type of packaging:	
#	Sample Description ¹	Tests Requested ²	Testing Date(s)
Samples received by:		(Sealed? Y/N)	
Notes:		(Is the product raw, unpasteurized?)	

¹ Certificate of Analysis will include this section, as written. Please include any relevant information desired for CoA, e.g. prod date, lot #, etc.

² If analysis is required according to a specific methodology, please note under this section.