

FIELD ID NO: \_\_\_\_\_

## IR-4 FIELD DATA BOOK

### PART 8. RESIDUE SAMPLE SHIPPING

#### A. RESIDUE SAMPLE SHIPPING INFORMATION

*INSTRUCTIONS: Complete this form for each sample shipment. Mail or email a true copy to the Study Director and to your Regional Field Coordinator (along with 8B). Retain the original in the Field Data Book.*

WERE SAMPLES KEPT FROZEN<sup>1</sup> FROM

SAMPLE COLLECTION DATE TO SHIPMENT? (Check one)

YES \_\_\_\_\_ NO \_\_\_\_\_

<sup>1</sup>"Kept frozen" indicates storage at temperatures generally <0 °F (-18 °C).

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

DATE/TIME RESIDUE SAMPLES PACKAGED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ (Check one)

DATE/TIME RESIDUE SAMPLES RETURNED

TO FREEZER AFTER PACKAGING: \_\_\_\_\_ TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ NOT APPLICABLE \_\_\_\_\_

DESCRIBE PROCEDURES UTILIZED TO PACKAGE SAMPLES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

METHOD OF SHIPMENT (Check one) OVERNIGHT AIR EXPRESS \_\_\_\_\_ FREEZER TRUCK \_\_\_\_\_

OTHER \_\_\_\_\_ (Describe): \_\_\_\_\_

DATE SAMPLES GIVEN TO CARRIER: \_\_\_\_\_ TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ (Check one)

NAME OF CARRIER \_\_\_\_\_

Were the Chain of Custody Form (8B) and the Sample Arrival Check Sheet (8C) sent with the samples? YES \_\_\_\_\_ NO \_\_\_\_\_

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **INSERT THE ORIGINAL OR VERIFIED TRUE COPY OF THE BILL OF LADING (WAY BILL) INTO THIS FIELD DATA BOOK AFTER THIS PAGE**

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SHIPPING ADDRESS (include the name of the person to whom the samples are being sent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PERSON CONTACTED AT LAB REGARDING SHIPMENT: \_\_\_\_\_

DATE OF CONTACT: \_\_\_\_\_ TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ (Check one)

METHOD OF CONTACT (e.g., telephone): \_\_\_\_\_

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PART 8 PAGE \_\_\_\_\_

Trial Year 2023

Total number of pages in this section at initial pagination: \_\_\_\_\_

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"  
THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

FIELD ID NO: \_\_\_\_\_

## IR-4 FIELD DATA BOOK

### PART 8. RESIDUE SAMPLE SHIPPING

#### B. RESIDUE SAMPLE CHAIN OF CUSTODY FORM

*INSTRUCTIONS: Complete this form for each sample shipment. Use separate forms if different samples from the same trial are going to different destinations. Place a true copy within each shipping container and mail or email a true copy to the Study Director and to your Regional Field Coordinator. Retain the original in the Field Data Book.*

TEST SUBSTANCE \_\_\_\_\_

CROP \_\_\_\_\_

*Include protocol-specified details such as small- or large-fruited, oil or confectionary variety, or processing variety, if applicable.*

FIELD RESEARCH DIRECTOR \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF BOXES SHIPPED \_\_\_\_\_ TOTAL NUMBER OF SAMPLES SHIPPED \_\_\_\_\_

DESTINATION (do not enter more than one destination) \_\_\_\_\_

CARRIER \_\_\_\_\_

Sample ID <sup>1</sup>	Treatment # <sup>2</sup>	No. of Apps.	Date of Last App.	Date Harvested	Date Sampled	Crop Fraction <sup>3</sup>	LAB ID (Lab Use only)

<sup>1</sup>See protocol for assigned ID code under Section 18.

<sup>2</sup>See protocol for treatment number under Section 18.

<sup>3</sup>E.g. fruit, straw, mint oil.

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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Trial Year 2023

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IR-4 PROJECT		PART 8C: SAMPLE ARRIVAL CHECK SHEET	
<p><b>Note to Field or Processing Personnel:</b> Place a copy of this blank form inside each of the sample boxes before shipment. If a copy of the completed form is received back from the laboratory prior to completion of the Field Data Book, then insert the form in the appropriate area of Part 8.</p>			
<p><b>This form should be completed by the Laboratory Personnel, unless a similar form kept at the laboratory is used instead.</b> Complete all blanks in this form that apply to these samples. Keep this form and any accompanying shipping forms, such as Federal Express receipts and field cooperator's residue sample shipping forms, in the raw data file for this study. <u>Mail or e-mail a copy to the Field Research Director, the Regional Field Coordinator and the Study Director.</u> If multiple boxes from one trial are received, each with a copy of this form, then it is only necessary to complete one form for all of the samples.</p>			
Laboratory ID# (from Protocol Part 24 or amendment):			
Chemical:		Commodity:	
Field Trial ID# (format is 00000.YY-XX##):			
Shipper: [ ] ACDS [ ] Federal Express [ ] Other:			
Shipping Reference#:			# Boxes:
Date Received:		Rec'd by (print name):	
<b>A. CONDITION OF SAMPLES</b> (check all that apply)			
[ ] Frozen	[ ] Dry Ice Present	[ ] Fresh, Never Frozen	
[ ] Thawed	[ ] Sample Bags Intact	[ ] Sample Bags Not Intact and Contents Mixed	
<b>B. FORM OF SAMPLES AS RECEIVED</b>		Matrix (e.g., roots, leaves):	
[ ] Whole	[ ] Halved or Quartered	[ ] Sliced	[ ] Other:
<b>C. RESIDUE SAMPLE CHAIN OF CUSTODY FORM</b>		Received with Samples: [ ] Yes [ ] No	
<i>Please note any apparent missing samples or protocol deviations in Section E.</i>			
<b>D. SAMPLE LOG</b>	Project Listed on the Laboratory's Master Schedule: [ ] Yes [ ] No		
Lab Numbers Assigned:		Date:	
<b>E. COMMENTS:</b>			
Signature/Date of person filling out this form:			