FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 8. RESIDUE SAMPLE SHIPPING—SEED TREATMENT TRIALS

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 fax, 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 information such as sour or sweet, small-fruited or large-fruited, processing variety, if applicable.

FIELD RESEARCH DIRECTOR_____

PHONE#_____FAX#_____

TRIAL LOCATION_____

NUMBER OF BOXES SHIPPED_____ TOTAL NUMBER OF SAMPLES SHIPPED_____

DESTINATION (do not enter more than one destination) _____

CARRIER_____

Sample ID[1]	Treatment/ Seeding Rate	Planting Date	Date Harvested	Date Sampled	Crop Fraction[2]	LAB ID (Lab Use only)

[1]*See protocol for assigned ID code under Section 18, Sample ID column*
[2]*E.g. fruit, processed juice*

ABOVE DATA ENTERED BY: _____ *DATE:* _____

****

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