**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___________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Sample ID¹</th>
<th>Treatment/Seeding Rate</th>
<th>Planting Date</th>
<th>Date Harvested</th>
<th>Date Sampled</th>
<th>Crop Fraction²</th>
<th>LAB ID (Lab Use only)</th>
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</table>

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

**ABOVE DATA ENTERED BY: __________________________ DATE: __________________________**

****************************************************************************
**PART 8 PAGE ____**

Trial Year 2019

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