ATTACHMENT A-2

Laboratory Sample Transmittal Form

Nebraska Department of Agriculture
Animal and Plant Health Protection
P.O. Box 94756
Lincoln, NE 68509-4756
(402) 471-2351

LABORATORY SAMPLE TRANSMITTAL

No.

Inspector

Part A

	*R/F/T	Sample ID	Sample Collection Date	Sample Description	Inspection Number	Seal Intact (Initial)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

*R = residue F = formulation T = tank

Part B

Sample Custody

	Date	Time
Submitted by		
Received or transported by		
Delivered to		
Received by		
Delivered to		
Received by		
Delivered to		
Received by		
Received in lab by		
Comments on sample condition		

DISTRIBUTION: Original – submitted with sample (returned to inspector) Canary – Lab P99.doc (8/11)