IR-4 FIELD DATA BOOK

PART 8. RESIDUE SAMPLE SHIPPING

A. RESIDUE SAMPLE SHIPPING INFORMATION

INSTRUCTIONS: Complete this form for each sample shipment. **Fax, 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[1] FROM
SAMPLE COLLECTION DATE TO SHIPMENT? *(Check one)*   YES _____   NO_____
             [1]*"Kept frozen" indicates storage at temperatures generally <0 ºF (-18 ºC).*

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**
****
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 2020

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 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 details such as small- or large-fruited, oil or confectionary variety, or 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/Rate[2]	No. of Applics.	Date of Last Application	Date Harvested	Date Sampled	Crop Fraction[3]	LAB ID (Lab Use only)

[1]*See protocol for assigned ID code under Section 18, Sample ID column*
[2]*Use the rate of the last application if different applications had different rates assigned by the protocol. If there are two active ingredients (a.i.) in the test substance, enter the rate of the a.i. that is to be analyzed for that sample.*
[3]*E.g. fruit, straw, processed apple 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_____

IR-4 PROJECT	PART 8C: SAMPLE ARRIVAL CHECK SHEET

Note to Field or Processing Personnel: Place a copy <u>of this blank form</u> 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.

This form should be completed by the Laboratory Personnel, unless a similar form kept at the laboratory is used instead. 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. ***Mail, fax, or e-mail a copy to the Field Research Director, the Regional Field Coordinator and the Study Director.*** 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.

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)*:

A. CONDITION OF SAMPLES (check all that apply)

[ ]Frozen	[ ]Dry Ice Present	[ ]Fresh, Never Frozen
[ ]Thawed	[ ]Sample Bags Intact	[ ]Sample Bags Not Intact and Contents Mixed

B. FORM OF SAMPLES AS RECEIVED		Matrix (e.g., roots, leaves):	
[ ] Whole	[ ] Halved or Quartered	[ ] Sliced	[ ] Other:

C. RESIDUE SAMPLE CHAIN OF CUSTODY FORM	Received with Samples: [ ] Yes [ ] No

Please note any apparent missing samples or protocol deviations in Section E.

D. SAMPLE LOG	Project Listed on the Laboratory's Master Schedule: [ ]Yes [ ]No
Lab Numbers Assigned:		Date:

E. COMMENTS:

Signature/Date of person filling out this form: