

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) |
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¹See protocol for assigned ID code under Section 18, Sample ID column

²E.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 _____