

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 8. RESIDUE SAMPLE SHIPPING

A. RESIDUE SAMPLE SHIPPING INFORMATION

INSTRUCTIONS: Complete this form for each sample shipment. 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 FROZEN¹ FROM SAMPLE COLLECTION DATE TO SHIPMENT? (Check one) YES _____ NO _____

¹"Kept frozen" indicates storage at temperatures generally <0 °F (-18 °C).

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: _____

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 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# _____ EMAIL _____

NUMBER OF BOXES SHIPPED _____ TOTAL NUMBER OF SAMPLES SHIPPED _____

DESTINATION (do not enter more than one destination) _____

CARRIER _____

Sample ID ¹	Treatment # ²	No. of Apps.	Date of Last App.	Date Harvested	Date Sampled	Crop Fraction ³	LAB ID (Lab Use only)

¹See protocol for assigned ID code under Section 18.

²See protocol for treatment number under Section 18.

³E.g. fruit, straw, mint oil.

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	
<p>Note to Field or Processing Personnel: Place a copy of this blank form 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.</p>			
<p>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 cooperators' residue sample shipping forms, in the raw data file for this study. <u>Mail or e-mail a copy to the Field Research Director, the Regional Field Coordinator and the Study Director.</u> 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.</p>			
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	
<i>Please note any apparent missing samples or protocol deviations in Section E.</i>			
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:			

PART 8 PAGE ____

(Paginate if a copy of the completed form is received from the analytical laboratory.)