

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# \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF BOXES SHIPPED \_\_\_\_\_ TOTAL NUMBER OF SAMPLES SHIPPED \_\_\_\_\_

DESTINATION (do not enter more than one destination) \_\_\_\_\_

CARRIER \_\_\_\_\_

Sample ID <sup>1</sup>	Treatment # <sup>2</sup>	Planting Date	Date Harvested	Date Sampled	Crop Fraction <sup>3</sup>	LAB ID (Lab Use only)

<sup>1</sup>See protocol for assigned ID code under Section 18  
<sup>2</sup>See protocol for treatment number under Section 18  
<sup>3</sup>E.g. fruit, mint oil

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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