

SAMPLE RECEIPT LOG

Researcher

Supervisor

Department

Building

Room

Date Received	Recieved By (Initials/Badge#)	Sample ID Number	Sample Name	Qty of Sample Received	Request- ing Dept. / Customer	Storage Location / Condition	Electronic Log in	Assay(s) Requested	Comments Notes

Researcher

Date

Reviewed by:  
Supervisor/Witness

Date