

**SAMPLE ANALYSIS FORM**

CAC (REV. 09-2020)

**A. Sample Identification**

SAMPLE ID	SAMPLES MAILED OR DELIVERED TO: <b>Center for Analytical Chemistry</b> 3292 Meadowview Road, Sacramento, CA 95832 CDFA.CAC_receiving@cdfa.ca.gov	LABORATORY NUMBER
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**B. Customer Information - A valid email address must be provided in order to receive results**

CONTACT PERSON - PLEASE PRINT LEGIBLY	EMAIL ADDRESS	SECONDARY EMAIL ADDRESS (if applicable)
DATE SAMPLED	SAMPLE COLLECTOR - PLEASE PRINT LEGIBLY	TELEPHONE NUMBER (Include Area Code)

**C. Chain of Custody**

RECEIVED FROM (SAMPLE COLLECTOR SIGNATURE)	DELIVERED TO (PERSON)	DATE	TIME (AM/PM)	REASON Sample submission
SAMPLE RECEIVED BY	DELIVERED TO (PERSON)	DATE	TIME (AM/PM)	REASON
SAMPLE RECEIVED BY	DELIVERED TO (PERSON)	DATE	TIME (AM/PM)	REASON

**D. Analysis and Results - Results relate only to the sample tested**

SMOKE TAIN COMPOUNDS	AMOUNT (parts per billion)	DET. LIMIT (parts per billion)	EXTRACTION CODE	DETECTION CODE/ANALYST
Guaiaicol		0.5		
4-methylguaiaicol		0.5		
m-cresol		0.5		
o-cresol		0.5		
p-cresol		0.5		
Syringol		0.5		
4-methylsyringol		0.5		
<b>Sample to be discarded 21 days after analysis is completed</b>		REVIEWER'S SIGNATURE	DATE REVIEWED	
PAYMENT RECEIVED <input type="checkbox"/>	WORK ORDER NUMBER	QUALITY OF SAMPLE RECEIVED <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE	COMMENTS	STORAGE/TRANSFER TO

DATE

RESULTS EMAILED TO \_\_\_\_\_ by \_\_\_\_\_

TIME \_\_\_\_\_