



4539 Metropolitan Court • Frederick, MD 21704
Voice: 301-644-3913 • Fax: 301-360-3554

INSTRUCTIONS FOR THE COMPLETION OF THE COC FORM

To submit a testing order, APE-Biodiesel requests that you complete the “Chain of Custody” form for each sample submitted. This will ensure that each of the samples submitted will be tested and reports will be generated in an accurate and timely fashion.

First, please fill of the “SEND TEST RESULTS TO” section of the form by:

Name – The person to whom we are to send the testing results

Company – The name of the company submitting the sample

Address – Physical address of the company submitting the samples

Phone – Phone number of the individual to receive the testing results

Email – Email of the individual to receive the testing results

PO or Credit Card Number – If you wish to pay for the testing results by purchase order, we request that you fill out the new customer and credit application forms. As a courtesy, we will perform the testing requested on the first set of samples while we are setting you up as a new customer. If you are paying by credit card, we request that you fill out only the new customer form.

Next, please fill out:

Source location – The plant number or location where the samples were produced

Sample ID – Your company’s identifier. This identifier will be used when reporting results

Next, please indicate which test and how many replicates you would like us to perform by:

TBP – Indicate which test you would like us to perform on the sample submitted by marking the box in the “TBP” column.

Number of Samples – Indicate the number of replicates you would like us to test for each sample.

Comments – This space is provided should you like to add any additional comments.

Note – All remaining columns are for internal use

Last, please fill out:

Relinquished by – The name of the individual filling out the form and sending the samples

Date – The date the sample is sent and approximate time


Signature – the name of the individual sending the samples and filling out the form.

If you have any questions please feel free to contact us at 301-644-3913 or email us at info@apebridgepath.com. Thank you!

CHAIN OF CUSTODY

COC#:

Please identify each sample to be tested and specify which analysis is required.

APE-BridgePath Scientific 4539 Metropolitan Court Frederick, MD 21704 Tel: 301-644-3913 Fax: 301-360-3554			SEND TEST RESULTS TO (specify method of transmission): NAME: _____ COMPANY: _____ ADDRESS: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Email: _____ PO or Credit Card Number: _____ Note: APE emails Adobe reports by default.	
SOURCE LOCATION:				
Sample ID				
APE Sample Number:				
NAME of APE SAMPLE TAKER:				
SIGNATURE:		DATE:	Sample Type: Biodiesel	

SAMPLE TYPE

Tests	TBP	DATE	TIME	Number of samples	ANALYSIS REQUIRED	COMMENTS
Calcium + Magnesium						
Sodium + Potassium						
Flash Point (closed cup)						
Methanol Content						
Water & Sediment						
Kinematic Viscosity, 40 C						
Sulfated Ash						
S 15 Grade						
S 500 Grade						
Copper Strip Corrosion						
Cetane Index						
Cetane						
Cloud Point						
Carbon Residue 100% sample						
Acid Number						
Free & Total Glycerin						
Phosphorus Content						
Distillation, T90 AET						
Oxidation Stability						
Visual Appearance						
Karl Fischer Water Content						
Cold Filter Plug Point						
Bacteria, Fungi and Algae						
GC Chromatogram Spectra						

RELINQUISHED BY:	DATE:	TIME:
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SIGNATURE: _____