

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. **Fax, mail, or e-mail 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 SAMPLING TO SHIPMENT? (Check one) YES _____ NO _____
¹"Kept frozen" indicates storage at temperatures generally <0 °F (-17 °C).

IF NO, PLEASE EXPLAIN: _____

DATE RESIDUE SAMPLES PACKAGED: _____ TIME: _____ AM___ PM___ (Check one)

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 _____

**INSERT THE ORIGINAL OR VERIFIED TRUE COPY OF THE BILL OF LADING
(WAY BILL) INTO THIS FIELD DATA BOOK AFTER THIS PAGE**

SHIPMENT DESTINATION: _____

SHIPPING ADDRESS: _____

NAME OF PERSON CONTACTED AT LAB REGARDING SHIPMENT: _____

DATE OF CONTACT: _____ TIME: _____ AM___ PM___ (Check one)

METHOD OF CONTACT (e.g., telephone): _____

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: _____

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 _____

IR-4 PROJECT	PART 8C: SAMPLE ARRIVAL CHECK SHEET
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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.

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. ***Mail, fax, or e-mail a copy to the Field Research Director, the Regional Field Coordinator and the Study Director.*** 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.

Laboratory ID# (from the protocol):

Chemical:	Commodity:
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Field Trial ID# (format is 00000.YY-XX##):

Shipper: [] ACDS [] Federal Express [] Other:

Shipping Reference#:	# Boxes:
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Date Received:	Rec'd by (<i>print name</i>):
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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:
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C. RESIDUE SAMPLE CHAIN OF CUSTODY FORM

Received with Samples: [] Yes [] No

Please note any apparent missing samples or protocol deviations in Section E.

D. SAMPLE LOG

Project Listed on the Laboratory's Master Schedule: [] Yes [] No

Lab Numbers Assigned:	Date:
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E. COMMENTS:

Signature/Date of person filling out this form: