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 email 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 FROZEN\(^1\) FROM SAMPLE COLLECTION DATE 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 _______________________________________________________________________________

Were the Chain of Custody Form (8B) and the Sample Arrival Check Sheet (8C) sent with the samples? YES___ NO___

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

SHIPPING ADDRESS (include the name of the person to whom the samples are being sent):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

NAME OF PERSON CONTACTED AT LAB REGARDING SHIPMENT: _____________________________________

DATE OF CONTACT: ________________________ TIME: ____________ AM____ PM____ (Check one)

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

ABOVE DATA ENTERED BY: _______________________ DATE: ________________

PART 8 PAGE ___ Trial Year 2010

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 ___________
PART 8.  RESIDUE SAMPLE SHIPPING

B.  RESIDUE SAMPLE CHAIN OF CUSTODY FORM

INSTRUCTIONS: Complete this form for each sample shipment.  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# ___________________ FAX# ___________________

TRIAL LOCATION

NUMBER OF BOXES SHIPPED __________ TOTAL NUMBER OF SAMPLES SHIPPED __________

DESTINATION

CARRIER

<table>
<thead>
<tr>
<th>Sample ID&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Treatment/Rate&lt;sup&gt;2&lt;/sup&gt;</th>
<th>No. of Applics.</th>
<th>Date of Last Application</th>
<th>Date Harvested</th>
<th>Date Sampled</th>
<th>Crop Fraction&lt;sup&gt;3&lt;/sup&gt;</th>
<th>LAB ID (Lab Use only)</th>
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</table>

<sup>1</sup>See protocol for assigned ID code under Section 18, Sample ID column

<sup>2</sup>Use the rate of the last application if different applications had different rates assigned by the protocol.

<sup>3</sup>E.g. fruit, straw, processed apple juice

ABOVE DATA ENTERED BY: ______________________________________ DATE: ______________________

****************************************************************************************************

PART 8 PAGE ___          Trial Year 2010

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"

THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. __________ INITIALS __________ DATE __________
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):

<table>
<thead>
<tr>
<th>Chemical:</th>
<th>Commodity:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Shipper:</th>
<th>[ ] ACDS</th>
<th>[ ] Federal Express</th>
<th>[ ] Other:</th>
</tr>
</thead>
</table>

Shipping Reference#: # Boxes:

Date Received: Rec’d by (print name):

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

- [ ] Whole
- [ ] Halved or Quartered
- [ ] Sliced
- [ ] Other:

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:

E. COMMENTS:

Signature/Date of person filling out this form:

PART 8 PAGE ___

(Paginate if a copy of the completed form is received from the analytical laboratory.)