PART 8. RESIDUE SAMPLE SHIPPING—SEED TREATMENT TRIALS

B. RESIDUE SAMPLE CHAIN OF CUSTODY FORM

INSTRUCTIONS: Complete this form for each sample shipment. Use separate forms if different samples from the same trial are going to different destinations. 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-fruit or large-fruited, processing variety, if applicable.

FIELD RESEARCH DIRECTOR __________________________________________________
PHONE# ______________________ FAX# ______________________

TRIAL LOCATION ___________________________________________________________
NUMBER OF BOXES SHIPPED ______ TOTAL NUMBER OF SAMPLES SHIPPED_________

DESTINATION (do not enter more than one destination) ________________________________

CARRIER __________________________

<table>
<thead>
<tr>
<th>Sample ID(^1)</th>
<th>Treatment/Seeding Rate</th>
<th>Planting Date</th>
<th>Date Harvested</th>
<th>Date Sampled</th>
<th>Crop Fraction(^2)</th>
<th>LAB ID (Lab Use only)</th>
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</table>

\(^1\)See protocol for assigned ID code under Section 18, Sample ID column  
\(^2\)E.g. fruit, processed juice

ABOVE DATA ENTERED BY: ______________________ DATE: ______________________

**********************************************************************************************************
PART 8 PAGE ___          Trial Year 2020

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"
THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. ____________ INITIALS ____________ DATE ____________