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 your Regional Field Coordinator (along with 8B). Retain the original in the field data book.

WERE SAMPLES KEPT FROZEN\(^1\) FROM SAMPLING TO SHIPMENT? (Check one) YES ______  NO______
\(^1\)“Kept frozen” indicates storage at temperatures generally <0°F (-17°C).

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): _______________________________________________________________

ABOVE DATA ENTERED BY: ____________________________________________________ DATE: _______________

PART 8 PAGE ___               Trial Year 2007

Total number of pages in this section at initial pagination____

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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 e-mail a true copy to the study director AND to your Regional Field Coordinator. Retain the original in the field data book.

TEST SUBSTANCE ___________________________________ CROP __________________________________

FIELD RESEARCH DIRECTOR _______________________________________________________________________

PHONE# ______________________________________ FAX# _________________________________________

TRIAL LOCATION ______________________________________________________________________________

NUMBER OF BOXES SHIPPED ___________ TOTAL NUMBER OF SAMPLES SHIPPED ______________________

DESTINATION __________________________________________________________________________________

CARRIER ______________________________________________________________________________________

<table>
<thead>
<tr>
<th>Sample ID¹</th>
<th>Treatment/Rate²</th>
<th>No. of Apps</th>
<th>Date of Last Application</th>
<th>Date Harvested</th>
<th>Date Sampled</th>
<th>Crop Fraction³</th>
<th>LAB ID (Lab Use only)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

¹See protocol for assigned ID code under Section 18, Sample ID column
²Use the rate of the last application if different applications had different rates assigned by the protocol.
³E.g. fruit, straw, processed apple juice

ABOVE DATA ENTERED BY: ___________________________________________ DATE: _____________________

****************************************************************************************************
PART 8 PAGE ___               Trial Year 2007

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 cooperator’s 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.

<table>
<thead>
<tr>
<th>Laboratory ID# (from the protocol):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical:</td>
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<tr>
<td>Commodity:</td>
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<tr>
<td>Field Trial ID# (format is 00000.YY-XX##):</td>
</tr>
<tr>
<td>Shipper: [ ]ACDS [ ]Federal Express [ ]Other:</td>
</tr>
<tr>
<td>Shipping Reference#: # Boxes:</td>
</tr>
<tr>
<td>Date Received:</td>
</tr>
</tbody>
</table>

### 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: