



**Chain of Custody Form for Lead and Copper Testing**  
**STATE OF WASHINGTON**  
**DEPARTMENT OF HEALTH**  
**OFFICE OF ENVIRONMENTAL PUBLIC HEALTH SCIENCES**  
**1610 NE 150<sup>th</sup> St., Shoreline, Washington 98155**  
**Phone: 206-418-5400**  
**TDD Relay Service: 1-800-833-6388**

**LEAD WATER SAMPLE**

**Shipping Tracking Number**

**Program Coordinator**  
**Anne Marie Charles**  
**[annemarie.charles@doh.wa.gov](mailto:annemarie.charles@doh.wa.gov)**  
**360-236-3248**

**School Sample Collection Information**

**Name**

**Address**

**County**

**Name of person  
collecting the sample**

**Date collected**

**Time collected**

**Number of samples  
sent to the lab**

**Date sent to the lab**

**Comments**

**Box 1 of**

**Barcode Numbers:**