



Aquaculture Laboratory
 1 Natural Resources Drive
 Little Rock, AR 72205
 (501) 823-1730 | Fax: (501) 907-2410
 agriculture.arkansas.gov

LAB USE ONLY
Case ID: _____

CHAIN OF CUSTODY AND SUBMISSION FORM

1. **Company** _____

2. **Contact/Owner** _____

3. **Address** _____ **Phone** _____ **Fax** _____

4. **Sample information** (to be filled out by sample collector)

SPECIES	NUMBER	POND(S) OF ORIGIN	
			International export? <i>Check listed country box</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Canada <input type="checkbox"/> European Countries <input type="checkbox"/> Other _____
			Arkansas Baitfish Certification Program <input type="checkbox"/> YES <input type="checkbox"/> NO
			Interstate Shipments? <i>Check only listed states</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CA <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> WI <input type="checkbox"/> MA <input type="checkbox"/> VT <input type="checkbox"/> MI <input type="checkbox"/> MD <input type="checkbox"/> Other States
			Other Tests Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. **Sample Collector**

6. **Carrier Information**

7. **Receipt**

Name/Title (DVM I Other)	Company	Date Received
Signature	Signature	Lab Custodian Signature
Date/Time Collected	Date/Time Shipped	
Phone/Email	Package Tracking No.	
Shipped via		

8. **Condition of Samples** _____

CALL FIRST: Please call the laboratory to schedule your inspection before submitting fish.

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