

ENVIRONMENTAL MICROBIOLOGY CHAIN OF CUSTODY

J3 Order # (Lab use only)



Submitter Name: _____	Bill to: _____
Company: _____	Address: _____
Address: _____	City/State: _____ Zip: _____
City/State: _____ Zip: _____	PO #: _____

Project Information

Project Name: _____	Project Manager: _____
Project #: _____	Notification By: Email: <input type="checkbox"/> Verbal: <input type="checkbox"/> Text: <input type="checkbox"/>
Email Report To: _____	Email Invoice To: _____

Special Instructions: _____

Turnaround Times – Please Select One

Emergency* <input type="checkbox"/>	1 Day <input type="checkbox"/>	2 Day <input type="checkbox"/>	3 Day <input type="checkbox"/>	5 Day <input type="checkbox"/>
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MOLD

Air Samples, Non-Culturable	Surface Samples, Non Culturable	Air & Surface Samples, Culturable
<input type="checkbox"/> Spore Trap Analysis <small>(Air-O-Cell, Allergenco D)</small>	<input type="checkbox"/> Direct Exam <input type="radio"/> Tape/Swab <input type="radio"/> Bulk/Dust	<input type="checkbox"/> Culture Plates <small>(with Genius ID and Abundance)</small>

BACTERIA

AIR	SURFACE/WATER
<input type="radio"/> Total Count (TSA – TOTAL CFU's) <input type="radio"/> Gram Negative Count (Maconkey – Total CFU's) <input type="radio"/> Total & Gram Negative Count <input type="radio"/> Gram Stains and Counts	<input type="radio"/> Total Count (TSA – TOTAL CFU's)

SAMPLE INFORMATION

Sample Number	Sample Location / Material	Volume

Signatures

Relinquished By: _____	Date: _____	Time: _____
Received By: _____	Date: _____	Time: _____

**Emergency TAT requires prior lab notification. All samples analyzed outside normal business hours are charged at Emergency rate.*

