

ENVIRONMENTAL MICROBIOLOGY CHAIN OF CUSTODY



Open Lab Fee

J3 Order # (Lab use)

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"/>
MOLD				
Air Samples, Non-Culturable		Surface Samples, Non Culturable		Air & Surface Samples, Culturable
<input type="checkbox"/> Spore Trap Analysis (Air-O-Cell, Allergenco D)		<input type="checkbox"/> Direct Exam <input type="checkbox"/> Tape/Swab <input type="checkbox"/> Bulk/Dust		<input type="checkbox"/> Culture Plates (with Genius ID and Abundance)
BACTERIA				
AIR			SURFACE/WATER	
<input type="checkbox"/> Total Count (TSA – TOTAL CFU's) <input type="checkbox"/> Gram Negative Count (Maconkey – Total CFU's) <input type="checkbox"/> Total & Gram Negative Count <input type="checkbox"/> Gram Stains and Counts			<input type="checkbox"/> Total Coliforms / <i>E. Coli</i> (Presence/Absence) <input type="checkbox"/> Total Count (TSA – TOTAL CFU's) <input type="checkbox"/> <i>Enterococcus sp.</i> (Presence/Absence) <input type="checkbox"/> <i>Legionella</i>	
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.

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Project Name/Number _____

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SAMPLE IDENTIFICATION

SAMPLE NUMBER	SAMPLE LOCATION / MATERIAL	VOLUME

Comments/Special Instructions: