

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/E.Coli (Presence/Absence) <input type="checkbox"/> Total Coliforms/E.Coli (MPN) <input type="checkbox"/> Enterococcus sp. (Presence/Absence) <input type="checkbox"/> Legionella (MPN) <input type="checkbox"/> Legionella (Presence/Absence) <input type="checkbox"/> Other _____	
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.

