



## CHAIN OF CUSTODY LAB SERVICES

Please print all information legibly.

<b>Company:</b>		<b>Bill To:</b>	
<b>Address 1:</b>		<b>Address 1:</b>	
<b>Address 2:</b>		<b>Address 2:</b>	
<b>City, State:</b>		<b>City, State:</b>	
<b>Zip Code:</b>		<b>Zip Code:</b>	
<b>Country:</b>	USA	<b>Country:</b>	USA
<b>Contact Name:</b>		<b>Attention:</b>	
<b>Contact Phone:</b>		<b>Contact Phone:</b>	
<b>Fax Number:</b>		<b>Fax Number:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>Biogenesis Rep:</b>			
<b>Project Name:</b>		<b>Project Number:</b>	
<b>Sampled By:</b>		<b>Sampling Date:</b>	

Matrix: \_\_\_\_\_ Test:  APC  TC/E.coli  Yeast & Mold  EB  Staph

Pathogens:  Salmonella (P/A)  Listeria (P/A)  E. coli O157:H7 (P/A)  Other (Specify)

SAMPLE ID	LOCATION	SAMPLE SIZE	COMMENTS

Released By	Date/Time	Received By
<b>COMMENTS</b>		

Sample Condition: \_\_\_\_\_ Sample Temp.: \_\_\_\_\_ Notes: \_\_\_\_\_