



CHAIN OF CUSTODY MICROBIOLOGY SERVICES

Please print all information legibly.

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

Matrix: _____ Test: APC TC/E.coli Yeast & Mold EB pH

Pathogens: Salmonella (P/A) Listeria (P/A) E. coli O157:H7 (P/A) Sewage Screen

SAMPLE ID	LOCATION	SAMPLE SIZE	COMMENTS

Released By	Date/Time	Received By

Sample Condition: _____ Sample Temp.: _____ Notes: _____