



**EMS**



**LABOR**

**Company Name: {{company\_name}}**

**Street: {{street}}**

**City: {{city}}**

**Report To (Name): {{report\_to}}**

**Email Address: {{email\_address}}**

**Project Name/Number: Raymond Kaselonis**

**U.S. State Samples Taken:      Project Zip Code:      Connecticut Samples: Co**

*\*Analysis completed in accordance with EMSL’s Terms and Conditions located in t*

**Sterile, Sodium Thiosulfate Preserved Bottle Used: Biocide Used in Source (s**

**Public Water Supply Samples: Note: All results may automatically be reporte**

**Turnaround Time (TAT) Options \* - Please Check**

**3 Hour**

**Microbiology Test Codes**

- **M001** Air-O-Cell

- **M030** Micro 5

- **M041** Fungal Direct Examination
- **M169** Pollen ID & Enumeration
- **M280** Dust Characterization Level-1
- **M281** Dust Characterization Level-2

**M005** Viable Fungi- Air Samples (Genus ID & Count)

- M006** Viable Fungi-Air Samples ( Includes *Penicillium*, *Aspergillus*, *Cladosporium*,
- M007** Culturable fungi - Surface Samples (Genus ID & Count)
- M008** Culturable fungi - Surface Samples (Includes *Penicillium*, *Aspergillus*, *Clados*
- M009** Bacteria Culture Gram Stain & Count
- M010** Bacteria Count & ID - 3 Most Prominent
- M011** Bacteria Count & ID - 5 Most Prominent
- M012** *Pseudomonas aeruginosa* (P/A<sup>\*\*\*</sup>)

**Name of Sampler: Tal Eilon**

**Sample #**

**Example A1**

- 1**
- 2**
- 3**

**Client Sample # (s):        -**  
**Relinquished (Client):**  
**Received (Lab):**  
**Comments/Special Instructions:**  
**Page 1 of \_\_\_\_\_**



# EMS

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# LABOR

Sample #Sample Location/DescriptionSample TypePotable/  
NonPotableTest CodeVolume/Date/Time CollectedTemperature (°C)

P NP	P NP	P NP	P
NP	P NP	P NP	P
NP	P NP	P NP	P
NP	P NP	P NP	P
NP	P NP	P NP	P
NP	P NP	P NP	P
NP	P NP	P NP	P
NP	P NP	P NP	

Comments/Special Instructions:

Page \_\_\_\_\_ of \_\_\_\_\_

(Lab Use Only)

**Area**

*Additional Pages of the Chain of Custody are only necessary if needed for additional sample information*