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|  | **Microbiology Chain of Custody**  **EMSL Order Number** (*Lab Use Only*): | EMSL Analytical, Inc.  2700 W Cypress Creek RD  Suite C-108  Fort Lauderdale, FL 33309  Phone: (954) 786-9331  Fax: (954) 941-4145 |

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| **Company Name: {{company\_name}}** | | | | | | | | | | **EMSL-Bill to:**  Same Different  If Bill to is Different note instructions in Comments\*\*  *Third Party Billing requires written authorization from third party* | | | | | | | | | |
| **Street: {{street}}** | | | | | | | | | |
| **City:** **{{city}}** | | | | **State/Province: {{province}}** | | | | | | **Zip/Postal Code: {{name}}** | | | | | | | **Country:  {{country}}** | | |
| **Report To (Name): {{report\_to}}** | | | | | | | | | | **Telephone #: {{age}}** | | | | | | | | | |
| **Email Address:** **{{email\_address}}** | | | | | | | | | | **Fax #:** **{{fax}}** | | | | | | | **Purchase Order:** **{{purchase\_order}}** | | |
| **Project Name/Number:** **Raymond Kaselonis** | | | | | | | | | | **Please Provide Results:**  **Fax**  **Email** | | | | | | | | | |
| **U.S. State Samples Taken:       Project Zip Code:       Connecticut Samples:**  **Commercial**  **Residential** | | | | | | | | | | | | | | | | | | | |
| *\*Analysis completed in accordance with EMSL’s Terms and Conditions located in the Analytical Price Guide. TATs are subject to methodology requirements* | | | | | | | | | | | | | | | | | | | |
| **Sterile, Sodium Thiosulfate Preserved Bottle Used:**  **Biocide Used in Source (specify):** | | | | | | | | | | | | | | | | | | | |
| **Public Water Supply Samples:**  **Note: All results may automatically be reported to DOH if required by state.** | | | | | | | | | | | | | | | | | | | |
| **Turnaround Time (TAT) Options \* - Please Check** | | | | | | | | | | | | | | | | | | | |
| **3 Hour** | **6 Hour** | | | | **24 Hour** | | **48 Hour** | | | | **72 Hour** | | **96 Hour** | | | | **1 Week** | **2 Week** | |
| **Microbiology Test Codes** | | | | | | | | | | | | | | | | | | | |
| * **M001** Air-O-Cell | | * **M174** MoldSnap | | | | | **M024** Pseudomonas aeruginosa (MFT\*)  **M015** Heterotrophic Plate Count  **M017** Total Coliform & E. coli (Colilert P/A\*\*\*)  **M018** Total Coliform & E. coli (MFT\*)  **M114** Total Coliform & E. coli Enumeration (Colilert MPN\*\*)  **M019** Fecal Coliform (MFT\*)  **M020** Fecal Streptococcus (MFT\*)  **M029** Enterococci (MFT\*)  **M129** Enterococci (Enterolert P/A\*\*\*)  **M180** Real Time qPCR-ERMI 36 Panel  **M025** Sewage Screen –Water (MFT\*) | | | | | | | | | **M115** Sewage Screen - Water (P/A\*\*\*)  **M116** Sewage Screen - Water (MPN\*\*)  **M117** Sewage Screen - Swab (P/A\*\*\*)  **M013** Sewage Screen - Swab (MFT\*)  **M133** Methicillin-resistant Staph. aureus (MRSA)  **M031** Rapid-growing non-TB Mycobacteria Detection & Enumeration  **M014** Endotoxin Analysis  **M044** Group Allergen (Cat, Dog, Cockroach, Dust Mite)  **Other** See Analytical Price Guide  **Legionella Analysis** Please use EMSL Legionella COC | | | |
| * **M030** Micro 5 | | * **M032** Allergenco-D | | | | |
| * **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, Stachybotrys* Species ID & Count)  **M007** Culturable fungi - Surface Samples (Genus ID & Count)  **M008** Culturable fungi - Surface Samples (Includes *Penicillium, Aspergillus, Cladosporium, Stachybotrys* Species ID & Count)  **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\*\*\*) | | | | | | |
| \*MFT= Membrane Filtration Technique  \*\*MPN= Most Probable Number  \*\*\*P/A= Presence/Absence | | | | | | | | | | | | |
| **Name of Sampler: Tal Eilon** | | | | | | | | | **Signature of Sampler:** | | | | | | | | | | |
| **Sample #** | **Sample Location/Description** | | | | | | **Sample Type** | | | **Potable/ NonPotable**  **(only for waters)** | | **Test Code** | | | | **Volume/**  **Area** | **Date/Time Collected** | **Temperature (˚C)**  (Lab Use Only) | |
| **Example** A1 | Kitchen Sink/Tap | | | | | | Water | | | P NP | | M017 | | | | 100 mL | 9/1/13  4:00 PM |  | |
| **1** |  | | | | | | **Air** | | | P NP | | **M001** | | | | **150 L** |  |  | |
| **2** |  | | | | | |  | | | P NP | | **M001** | | | | **150 L** |  |  | |
| **3** |  | | | | | |  | | | P NP | | **M001** | | | | **150 L** |  |  | |
|  |  | | | | | |  | | | P NP | | **M001** | | | | **150 L** |  |  | |
|  |  | | | | | |  | | | P NP | | **M001** | | | | **150 L** |  |  | |
|  |  | | | | | | **Air** | | | P NP | | **M001** | | | | **150 L** |  |  | |
| **Client Sample # (s):       -** | | | | | | **Total # of Samples: 6** | | | | | | **Samples Received Chilled? Yes / No** | | | | | | | |
| **Relinquished (Client):** | | | | | | | | **Date:** | | | | | | | **Time:** | | | | |
| **Received (Lab):** | | | | | | | | **Date:** | | | | | | | **Time:** | | | | |
| **Comments/Special Instructions:** | | | | | | | | | | | | | | | | | | | |
| **Page 1 of \_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | |
|  | | | **Microbiology Chain of Custody**  **EMSL Order Number** (*Lab Use Only*): | | | | | | | | | | | EMSL ANALYTICAL, INC.  2700 W CYPRESS CREEK RD  SUITE C-108  FORT LAUDERDALE, FL 33309  PHONE: (954) 786-9331  FAX: (954) 941-4145 | | | | |  |

**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*