



## CHAIN OF CUSTODY MICROBIOLOGY 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>		<b>Country:</b>	
<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>	

Test Type:  AOC  Bulk/Tape Lift  Sewage Screen

Turnaround Time:  3-Hour  6-Hour  24-Hour  48-Hour  72-Hour

SAMPLE ID	LOCATION	VOLUME	COMMENTS

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

