



CHAIN OF CUSTODY MICROBIOLOGY LAB 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:		Country:	
Contact Name:		Attention:	
Contact Phone:		Contact Phone:	
Fax Number:		Fax Number:	
Email:		Email:	
Biogenesis Rep:			
Project Name:		Project Number:	
Sampled By:		Sampling Date:	

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
COMMENTS		

