

microbiological

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REQUEST FOR ANALYTICAL SERVICES

CHAIN OF CUSTODY

PAGE ____ of ____

REPORT # _____

Company: []		Project Name: []			Analysis Requested										RUSH EXTRA CHARGE APPLIES YES <input type="checkbox"/> Assigned Lab ID						
Address: []		Project #: []			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
Contact: []		PO #: []																			
Phone: []		Sample Collection																			
Email: []																					
CLIENT SAMPLE IDENTIFICATION					Date	Time	Matrix														
1	[]	[]	[]	[]																	
2	[]	[]	[]	[]																	
3	[]	[]	[]	[]																	
4	[]	[]	[]	[]																	
5	[]	[]	[]	[]																	
6	[]	[]	[]	[]																	
7	[]	[]	[]	[]																	
8	[]	[]	[]	[]																	
9	[]	[]	[]	[]																	
10	[]	[]	[]	[]																	
Collected By: []			Pick Up By: []			Temperature of Sample Received:															
Relinquished By: []		Received By: []			Date/Time: []			Volume of Sample:													
Comments: []					Color and Condition of Sample:																
					Additional Information:																
Matrix Code: BW: Bottled Water DW: Drinking Water WW: Waste Water GW: Ground Water AQ: Aqueous F: Food SW: Swab																					