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REQUEST FOR ANALYTICAL SERVICES CHAIN OF CUSTODY

OFFICE USE ONLY
Report #_____

																Pa	ge _		of	
Subn	nitting Company:	Project Name	Water Sampling Point: 1. Kitchen Tap 2. Bathroom 3. Outside Tap 4. Pool 5. WSSN 6. Other																	
Addr	ess:	Project Number:			Sampling Purpose: 1. Routine Monitoring 2. Repair/Construction/Well 3. Repeat Sample/Quality Issue															
City/	State/Zip Code:	PO #:			Analysis Requested Circle for RUSH															
Repo	rt To:	Email/Phone:	Billing Conta	oct/Email:				see	e code below								Extra Fee will apply			
			Sample Collection			1													For Lab Use Only	
	CLIENT SAMPLE ID	ENTIFICATION/WSSN #	Date	Date Time																
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8	8																			
9																				
10																				
Sample Collected by:		Additional Comments					FOR LABORATORY USE ONLY													
							Pick up by:									Date/Time:				
San	ple Relinquished by:						Received by:									Date/Time:				
							Temperature of Sample:								Hold Time (if applicable):					
ENT	B-Enterobacteriaceae FC-feca	n (specify) TC -coliform BAC -Bacillus ce Il coliform LST -Listeria spp. LSTM -L. m dissolved solids TPC -total plate count	nonocytogene	es pH -pH	PSE-Pse	eudor	nonas a	erugii	nosa	SAL-S										
Mat	crix Code: A-air BW-bottled	d Water COS: Cosmetics DW-drinkin	g water F-	food GW	<i>I</i> -ground	wate	er L -lio	quid	O -ot	her	R -RO	DAC	S -9	solid	SW	-swał	5 V	NW-	-waste water	