



EMSL ANALYTICAL, Inc.

CHAIN OF CUSTODY

Third Party Billing requires written authorization from third party

Report to: _____
Company: _____
Street: _____
Box #: _____
City: _____
State: _____ ZIP _____
Project Name/Number: _____
Telephone #: _____
Email address _____

EMSL - Bill to:
Name: _____
Street: _____
Box #: _____
City: _____
State: _____ ZIP _____
Fax Results to:
Name: _____
Fax #: _____
Purchase Order #: _____

SAMPLE MATRIX

Grid with checkboxes for Solid, Raw, Processed, Packaged, Liquid, Surface (swab/sponge), Other

*** Please contact the laboratory prior to sample submittal for sample/shipping requirements***
*** Confirmation charges may apply; please contact lab if you have questions ***

ANALYSIS

- Standard Panel (Includes: APC, Coliform/E. coli, Staph. aureus, Yeast & Mold)
Individual Parameters:
Aerobic Plate Count
Yeast & Mold
Total Coliform / E. coli
Enterobacteriaceae
Staphylococcus aureus (coag+)
Salmonella (P/A)
Listeria (P/A)
E. coli O157:H7 (P/A)
Pseudomonas (P/A or CFU) - circle one
Other*
*Contact lab prior to sample submittal for availability

- Canners Tests (FPA)
Total Thermophilic Aerobic & Flat Sour Spore Count
H2S+ Thermophilic Anaerobic Spore Count (Sulfide Spoilage)
H2S - Thermophilic Anaerobic Spore Count

- Water & Wet Ice Analysis
Coliform / E. coli (P/A)
Legionella
Aerobic Plate Count
Microscopic Exam (extraneous material)

- RUSH PATHOGEN SCREENING
Listeria (P/A) - 48 hr
Salmonella (P/A) - 24 hr
E. coli O157:H7 (P/A) - 24 hr
Turnaround times do not include confirmation (if required)

COMMENTS: _____

Table with 3 columns: SAMPLE NUMBER, SAMPLE DESCRIPTION/LOCATION, Comments

Please sign and submit the attached Sub-Analysis Agreement with your samples

Relinquished: _____ Date: _____ Time: _____
Received: _____ Date: _____ Time: _____
Relinquished: _____ Date: _____ Time: _____
Received: _____ Date: _____ Time: _____

Food & Consumer Products



Sub-Analysis Agreement

Depending upon logistics, methodology or availability, it may be necessary for the samples you submitted to be analyzed at a different laboratory. Should that contingency occur, the undersigned agrees to the following terms:

1. In the event that the EMSL Analytical, Inc. facility where the samples were initially received is unable to perform the testing specified on the COC, EMSL Analytical, Inc. will transfer the samples to a laboratory (EMSL or other) that is currently approved for the parameter being tested.
2. EMSL Analytical, Inc. will observe strict chain-of-custody procedures when sending and receiving samples.
3. The analyzing laboratory will follow accepted, certified methods for the analysis, and will report the results to EMSL Analytical, Inc. in writing, using accepted formats.
4. EMSL Analytical, Inc. will, insofar as possible, meet all promised turnaround times, however, we cannot be held responsible for delays due to trans-shipment or other problems outside of our control.
5. Customer agrees to these terms as a condition of submitting these samples to EMSL Analytical, Inc.

Name _____ Date _____

Company/Title _____

***Please sign upon receipt and submit with samples or
fax to Nancy McDonald @ 773-313-0139***

EMSL Analytical, Inc.
2444 West George Street
Chicago, IL 60618
Phone – 773-313-0099