



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 (PIA)
Listeria (PIA)
E. coli O157:H7 (PIA)
Pseudomonas (PIA 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 (PIA)
Legionella
Aerobic Plate Count
Microscopic Exam (extraneous material)

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

COMMENTS: _____

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

Client Sample #s _____ - _____ TOTAL SAMPLE # _____

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