



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

Analysis section with checkboxes for Standard Panel, Individual Parameters, Canners Tests (FPA), Water & Wet Ice Analysis, RUSH PATHOGEN SCREENING, and 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: \_\_\_\_\_