



LEGIONELLA CHAIN OF CUSTODY RECORD

CLIENT NAME	CLIENT CONTACT	<p align="center">LAB USE</p> <p>Lab No. _____</p> <p>ON ICE <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p align="center">TEMP OF COOLERS °C</p> <table border="1"> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>>6</td> </tr> </table> <p align="center">CUSTODY SEAL</p> <p>Cooler <input type="checkbox"/> Y <input type="checkbox"/> N Samples <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">SEAL INTACT</p> <p>Cooler <input type="checkbox"/> Y <input type="checkbox"/> N Samples <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					3	4	5	6	>6
3	4						5	6	>6		
CLIENT ADDRESS	PHONE										
CITY, STATE, ZIP	FAX										
P.O.NO.	EMAIL										
PROJECT NO.	QUOTE NO.										
		SAMPLER'S NAME									

Sample Collection				Sample Location	Sample Type (Portable/Non-Portable)	Volume	Treatment Product/Biocide (If applicable)	Iskon Lab ID
Date	Time	(C)omp (G)rab	Sample Matrix					

TURNAROUND TIME: STANDARD 50% RUSH 100% RUSH E.R.300%

Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time	REMARKS: <input type="checkbox"/> Iskon Drop Off <input type="checkbox"/> Iskon Pickup Clients' delivery of samples to Iskon constitutes acceptance to reimburse Iskon as per the terms and conditions listed in the price schedule.
Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time	

