

ISKON BIOTECH

LEGIONELLA CHAIN OF CUSTODY RECORD

Telephone: (817)861-5322 FAX: (817)261-1717 800 106th Street Arlington, Texas 76011

CLIENT NAME				CLIENT CONTACT				LAB USE						
									Lab No.					
CLIENT ADDR	FSS				PHONE				ON ICE UYES NO					
CLIENT ADDRESS				FITONE				TEMP OF COOLERS °C						
								3	4	5	6	>6		
CITY, STATE, ZIP				FAX				CUSTODY SEAL						
								Cooler	□Y □N Samples □Yes □No			□No		
P.O.NO.				EMAIL					1	SEAL INTACT				
								Cooler	\square Y \square N	Samples	□Yes	□No		
PROJECT NO.				QUOTE NO.				SAMPLER'S NAME						
Sample Collection San				Sam	ple Sample Type (Portable/Non-			Volume		Treatment		Isko	Iskon Lab ID	
Date	Time	(C)omp	Sample	Loca	-					Product/Biocide				
Ex:	Ex: hh:mm	(G)rab	Matrix			,				(If applicable)				
mm/dd/yy		(0).00								V - F F				
					+									
TURNARO	UND TIME:	☐ STAN	DARD		50% RUSH	H ☐ 100% RUSH		R.300%				-		
Relinquished by (Signature) Date				Time				Time REMARKS: □ Iskon Drop Off □ Iskon Pickup						
Telliquistica by (signature)				Date	111116	Meceived by (Signature)	Date		TIME NEWATIO. — ISKOII DIOP OII — ISKOII			o.com i ickup		
									Clients' delivery of samples to Isko					
Relinquished by (Signature)				Date	Time	Received by (Signature)	Date		Time acceptance to reimburse Iskon as per conditions listed in the price schedule					