

ISKON BIOTECH

MICROBIOLOGY CHAIN OF CUSTODY RECORD

Telephone:(817)861-5322 FAX :(817)261-1717

WWW.ISKOW	DIGILENICO	141			MICKOBIC		· GIIAIII OI G						300	ioo street	Aimig	ton, iex	as / 0011
CLIENT NAME				CLIENT CONTACT						LAB USE							
										La	ab No.						
CLIENT ADDRECC				PHONE					0	ON ICE							
CLIENT ADDRESS				PHONE						TEMP OF COOLERS °C							
									3	3 4 5			6	6 >6			
CITY, STATE, ZIP				FAX				CUSTODY SEAL									
									С	ooler	□Y [Samples	□Yes		No	
P.O.NO.				EMAIL					SEAL INTACT								
								С	ooler	□Y [□N	Samples	□Yes		No		
PROJECT NO.					QUOTE NO.				SAI	SAMPLER'S NAME							
	Sample Co	llection		Sam	pple Name Sample Description				1	Area Sampled (Swab)				Iskon Lab ID			
Date	Time (C)omp Matrix										Air Volume (Cassette)						
Ex: mm/dd/yy	Ex: hh:mm	(G)rab									W	/astev	vater				
		, ,															
Matrix Being submitted: ☐ Cassette(C) ☐ Swab(S) ☐ Wastewater(WW) ☐ Other(O)																	
Matrix Being submitted: ☐ Cassette(C) ☐ Swab(S) ☐ Wastewater(WW) ☐ Other(O)																	
TURNAROL	JND TIME:	☐ San	ne Day		1 Day	□ 2	Day	☐ 3 Day		□4 Da	ay 🗆	1 We	eek				
Relinquished by (Signature) Date					Time Received by (Signature) Date			Tir	Time REMARKS: □ Iskon Drop Off □ Iskon Picku					on Pickup			
									Clients' delivery of samples to Iskon constitutes						etitutos		
Relinquished by (Signature) Date				Date	Time Received by (Signature) Date			Tir	Time acceptance to reimburse Iskon as per the te conditions listed in the price schedule.								