



MICROBIOLOGY CHAIN OF CUSTODY RECORD

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

Sample Collection				Sample Name	Sample Description	Area Sampled (Swab) Air Volume (Cassette) Wastewater	Iskon Lab ID
Date Ex: mm/dd/yy	Time Ex: hh:mm	(C)omp (G)rab	Matrix				

Matrix Being submitted: Cassette(C) Swab(S) Wastewater(WW) Other(O)

TURNAROUND TIME: Same Day 1 Day 2 Day 3 Day 4 Day 1 Week

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	

