



# DNA Testing Chain of Custody

## EMSL Order Number *(Lab Use Only)*:

PHONE: (    )  
FAX: (    )

<b>Company :</b>		<b>EMSL-Bill to:</b> <input type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different please note in Comments**					
<b>Street:</b>		<i>Third Party Billing requires written authorization from third party</i>					
<b>City:</b>	<b>State/Province:</b>	<b>Zip/Postal Code:</b>	<b>Country:</b>				
<b>Report To (Name):</b>		<b>Fax #:</b>					
<b>Telephone #:</b>		<b>E-mail Address:</b>					
<b>Project Name/ Number:</b>							
<b>Please Provide Results:</b> <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		<b>PO#</b>	<b>State Samples Taken:</b>				
<b>Turnaround Time (TAT) Options* - Please Check</b>							
<input type="checkbox"/> 3 Hour	<input type="checkbox"/> 6 Hour	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Week
<small>*Analysis completed in accordance with EMSL's Terms and Conditions located in the Analytical Price Guide. TATs are subject to methodology requirements.</small>							
<b>Fungi</b>		<b>Bacteria</b>		<b>Insects</b>			
<input type="checkbox"/> ERMI Panel (M180) <i>Dust Only</i>		<input type="checkbox"/> Human <i>Bacteroides</i> (M199)		<input type="checkbox"/> Bed Bug ( <i>Cimex lectularius</i> ) (M146)			
<input type="checkbox"/> EPA 36 Panel (M233) <i>Air, Swab</i>		<input type="checkbox"/> Total <i>Bacteroides</i> (M095)		<input type="checkbox"/> Tick - <i>Anaplasma phagocytophilum</i> Anaplasmosis (M261)			
<input type="checkbox"/> Water Damage 20 Panel (M181)		<input type="checkbox"/> <i>E. coli</i> O157:H7 (M140)		<input type="checkbox"/> Tick - <i>Babesia microti</i> Babesiosis (M260)			
<input type="checkbox"/> Wood Rot Fungi 10 Panel (M232)		<input type="checkbox"/> <i>E. coli</i> (M200)		<input type="checkbox"/> Tick - <i>Borrelia burgdorferi</i> Lyme disease (M196)			
<input type="checkbox"/> <i>Aspergillus</i> 15 Panel (M186)		<input type="checkbox"/> Total <i>Enterococcus</i> (M096)		<b>Other</b>			
<input type="checkbox"/> <i>Aspergillus</i> 6 Panel (M188)		<input type="checkbox"/> <i>Helicobacter pylori</i> (M207)		<input type="checkbox"/> <i>Acanthamoeba</i> spp. (M147)			
<input type="checkbox"/> <i>Penicillium</i> 13 Panel (M189)		<input type="checkbox"/> <i>Legionella pneumophila</i> (M103)		<input type="checkbox"/> <i>Cryptosporidium</i> spp. (M237)			
<input type="checkbox"/> Customized Fungi Panel (M100)		<input type="checkbox"/> <i>Legionella</i> 4 species-EPA (M162)		<input type="checkbox"/> <i>Giardia</i> spp. (M149)			
<input type="checkbox"/> <i>Penicillium</i> Mycotoxin 9 Panel (M190)		<input type="checkbox"/> <i>Legionella</i> Broad Screen (M163)		<input type="checkbox"/> Enterovirus RT-PCR (M142)			
<b>Birds, Animal Droppings</b>		<input type="checkbox"/> MRSA (M203)		<input type="checkbox"/> Food Authentication (F130)			
<input type="checkbox"/> <i>Chlamydomphila psittaci</i> (M234)		<input type="checkbox"/> <i>Mycobacterium avium</i> (M144)		<input type="checkbox"/> GMO Analysis (F131)			
<input type="checkbox"/> <i>Cryptococcus neoformans</i> (M143)		<input type="checkbox"/> <i>Mycobacterium tuberculosis</i> (M159)		<input type="checkbox"/> DNA Barcode Analysis (M195)			
<input type="checkbox"/> <i>Histoplasma capsulatum</i> (M208)		<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>		<input type="checkbox"/> DNA Sequencing Fungi/Bacteria Isolates (M192)			
<input type="checkbox"/> Raccoon Roundworm (M236)		<input type="checkbox"/> <i>Salmonella</i> spp. (M141)		<input type="checkbox"/> Special Request:			
<input type="checkbox"/> Rodent (Mouse, Rat) Dropping (M271)		<input type="checkbox"/> <i>Shigella</i> spp. (F122)					
<b>Sample #</b>	<b>Sample Location</b>	<b>Sample Type</b>	<b>Test Code</b>	<b>Volume/Area</b>	<b>Date/Time Collected</b>		
<b>Client Sample # (s):</b> -				<b>Total # of Samples:</b>			
<b>Relinquished (Client):</b>				<b>Date:</b>	<b>Time:</b>		
<b>Received (Lab):</b>				<b>Date:</b>	<b>Time:</b>		
<b>Comments:</b>							



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Sample #	Sample Location	Sample Type	Test Code	Volume/Area	Date/Time Collected
<b>**Comments/Special Instructions</b>					