



USP 797 Chain of Custody

LA Testing Order Number / Lab Use Only

PHONE:

EMAIL:

If Bill-To is the same as Report-To leave this section blank. Third-party billing requires written authorization.

Customer Information	Customer ID:		Billing Information	Billing ID:	
	Company Name:			Company Name:	
	Contact Name:			Billing Contact:	
	Street Address:			Street Address:	
	City, State, Zip:	Country:		City, State, Zip:	Country:
	Phone:			Phone:	
Email(s) for Report:		Email(s) for Invoice:			

Project Information

Project Name/No:		Purchase Order:
LAT LIMS Project ID: <small>(If applicable, LAT will provide)</small>	US State where samples collected:	State of Connecticut (CT) must select project location: Commercial (Taxable) Residential (Non-Taxable)

Sampled By Name:	Sampled By Signature:	No. of Samples in Shipment
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USP <797> Test Codes and Turnaround Times	M401 - Fungal Counts Only (Results 7 Days from Date of Receipt) M403 - Bacterial Counts Only (Results 7 Days from Date of Receipt) M407 - Microbial (Fungi & Bacteria on Single Plate) Counts Only (Results 14 Days from Date of Receipt) M406 - Microbial Identification (Results 7 Days from Report of M401, M403, or M407) M409 - Media Fill (Results 16 Days from Date of Receipt)
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Select the Sampler Used for Air Monitoring (Required information for correct calculation of results)	SKC Bio-Stage 200 SAS w/ 55mm or 90mm Plates SAS w/ 84mm Maxi Contact Plates Andersen, EMSL VP-400, BioStage Standard, BUCK BioAire B6 Single Stage Buck Bio-Culture Other, enter number of holes in impactor:
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Automatic Microbial Identification? (Test Code M406)	YES	UPON REQUEST ONLY
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Samples originated from an FDA-Registered facility or a facility subject to FDA Audits?	YES	NO
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Sample Type Options (Include for each sample below):	Air	Contact Plate	Swab	Media Fill	Special Request
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Sample #	Sample Location/Description	ISO Class Number	Air Volume / Area Sampled	Date/Time Sampled	Test Code	Sample Type
Example: Sample 1	Clean Room 1	7	1,000L	1/1/2021	M401	Air

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)						
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Method of Shipment:		Sample Condition Upon Receipt:				
Relinquished by:	Date/Time:	Received by:	Date/Time			
Relinquished by:	Date/Time:	Received by:	Date/Time			

Controlled Document - COC-39 LAT USP 797 R6 02/26/2021 AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.(DBA LA Testing) Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to LA Testing constitutes acceptance and acknowledgment of all terms and conditions by Customer.



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

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Method of Shipment:			Sample Condition Upon Receipt:		
Relinquished by:	Date/Time:	Received by:	Date/Time:	Received by:	Date/Time:

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