



# Microbiology Chain of Custody

LA Testing Order Number (Lab Use Only):

LA TESTING  
520 MISSION STREET  
SOUTH PASADENA, CA 91030  
PHONE: (800) 303-0047  
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<b>Company Name:</b>			<b>LA Testing-Bill to:</b> <input type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions 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>Telephone #:</b>				
<b>Email Address:</b>			<b>Fax #:</b>		<b>Purchase Order:</b>		
<b>Project Name/Number:</b>			<b>Please Provide Results:</b> <input type="checkbox"/> Fax <input type="checkbox"/> Email				
<b>U.S. State Samples Taken:</b>		<b>Project Zip Code:</b>		<b>Connecticut Samples:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential			
<b>Sterile, Sodium Thiosulfate Preserved Bottle Used:</b> <input type="checkbox"/> <b>Biocide Used in Source (specify):</b> <input type="checkbox"/>							
<b>Public Water Supply Samples:</b> <input type="checkbox"/> <b>Note: All results may automatically be reported to DOH if required by state.</b>							
<b>Turnaround Time (TAT) Options - Please Check</b>							
<input type="checkbox"/> 3 Hour	<input type="checkbox"/> 6 Hour	<input type="checkbox"/> 24 Hour	<input type="checkbox"/> 48 Hour	<input type="checkbox"/> 72 Hour	<input type="checkbox"/> 96 Hour	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Week
<b>Microbiology Test Codes</b>							
<b>M001</b> Air-O-Cell	<b>M174</b> MoldSnap	<b>M012</b> <i>Pseudomonas aeruginosa</i> (P/A***) <b>M024</b> <i>Pseudomonas aeruginosa</i> (MFT*) <b>M015</b> Heterotrophic Plate Count			<b>M115</b> Sewage Screen - Water (P/A***) <b>M116</b> Sewage Screen - Water (MPN**)		
<b>M030</b> Micro 5	<b>M032</b> Allergenco-D	<b>M017</b> Total Coliform & <i>E. coli</i> (Colilert P/A***) <b>M018</b> Total Coliform & <i>E. coli</i> (MFT*) <b>M114</b> Total Coliform & <i>E. coli</i> Enumeration (Colilert MPN**)			<b>M117</b> Sewage Screen - Swab (P/A***) <b>M013</b> Sewage Screen - Swab (MFT*) <b>M133</b> <i>Methicillin-resistant Staph. aureus</i> (MRSA)		
<b>M041</b> Fungal Direct Examination <b>M169</b> Pollen ID & Enumeration <b>M280</b> Dust Characterization Level-1 <b>M281</b> Dust Characterization Level-2 <b>M005</b> Viable Fungi- Air Samples (Genus ID & Count) <b>M006</b> Viable Fungi- Air Samples (Includes <i>Penicillium</i> , <i>Aspergillus</i> , <i>Cladosporium</i> , <i>Stachybotrys</i> Species ID & Count) <b>M007</b> Culturable fungi - Surface Samples (Genus ID & Count) <b>M008</b> Culturable fungi - Surface Samples (Includes <i>Penicillium</i> , <i>Aspergillus</i> , <i>Cladosporium</i> , <i>Stachybotrys</i> Species ID & Count) <b>M009</b> Bacteria Culture Gram Stain & Count <b>M010</b> Bacteria Count & ID - 3 Most Prominent <b>M011</b> Bacteria Count & ID - 5 Most Prominent		<b>M019</b> Fecal Coliform (MFT*) <b>M020</b> Fecal <i>Streptococcus</i> (MFT*) <b>M029</b> <i>Enterococci</i> (MFT*) <b>M129</b> <i>Enterococci</i> (Enterolert P/A***) <b>M180</b> Real Time qPCR-ERMI 36 Panel <b>M025</b> Sewage Screen -Water (MFT*)			<b>M031</b> Rapid-growing non-TB <i>Mycobacteria</i> Detection & Enumeration <b>M014</b> Endotoxin Analysis <b>M044</b> Group Allergen (Cat, Dog, Cockroach, Dust Mite) <b>Other</b> See Analytical Price Guide <b>Legionella Analysis</b> Please use LA Testing <i>Legionella</i> COC		
*MFT= Membrane Filtration Technique **MPN= Most Probable Number ***P/A= Presence/Absence							
<b>Name of Sampler:</b>			<b>Signature of Sampler:</b>				
<b>Sample #</b>	<b>Sample Location/Description</b>	<b>Sample Type</b>	<b>Potable/ NonPotable</b> (Only for Waters)	<b>Test Code</b>	<b>Volume/ Area</b>	<b>Date/Time Collected</b>	<b>Temperature (°C)</b> (Lab Use Only)
Example A1	Kitchen Sink/Tap	Water	<input checked="" type="checkbox"/> P <input type="checkbox"/> NP	M017	100 mL	9/1/13 4:00 PM	
			<input type="checkbox"/> P <input type="checkbox"/> NP				
			<input type="checkbox"/> P <input type="checkbox"/> NP				
			<input type="checkbox"/> P <input type="checkbox"/> NP				
			<input type="checkbox"/> P <input type="checkbox"/> NP				
			<input type="checkbox"/> P <input type="checkbox"/> NP				
<b>Client Sample # (s):</b> -		<b>Total # of Samples:</b>		<b>Samples Received Chilled?</b> Yes / No (Lab Use Only)			
<b>Relinquished (Client):</b>			<b>Date:</b>		<b>Time:</b>		
<b>Received (Lab):</b>			<b>Date:</b>		<b>Time:</b>		
<b>Comments/Special Instructions:</b>							

EMSL Analytical, Inc.'s (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.

