



# MICROBIOLOGICAL ENVIRONMENTS

## Consultation / Laboratory Services

*Expertise and reliability in Production/ Environmental  
Monitoring and General Microbiological Testing*

### Chain of Custody Record / Request for Analysis

#### Contact Information

Company	<b>XYZ Company</b>	Address		<b>177 North Commerce Way</b>
Contact	<b>Mr. Smith</b>			<b>Bethlehem, PA 18017</b>
Phone	<b>610-866-7272</b>	PO		<b>040408H123</b>

#### Test Set-Up (TSU)

#### Sample Codes

STD- Standard (default)	AS- Air Sample	B- Bulk
ND – Next Business Day	CP- Contact Plate	W- Water
SD- Same Business Day (Must be received before 1:00pm)	S- Swab	BI- Biological Indicator
WH- Weekend/ Holiday/ After Hours	R- Raw Material/ Product	O- Other

No. of Samples/ No. of Controls	Sample ID	Description	TSU	Sample Date	Sample Code	Volume / Area /Weight as applicable	Notes
15/4	A1-A15	Class 100 - TSA	WH	1/1/08	AS	1000 L	ECL:<3 cfu/m3
1/ N/A	040408H1	Product X	WH	1/1/08	R	100 G	<10cfu/gram

Requested ANALYSIS ( CHECK BOX & CIRCLE )*											
EM <797>	<1116>	/ ISO 14644									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USP <61>	Non Harmonized-	TMC/ Sa/ Ec / Pa / Sal / Validation									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USP <61>	& <62>	Harmonized- (TMC /Sa / Ec / Pa / Sal / Ca / BT / Val)									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USP <51>	/ Neutralization Study										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CTFA AET Mixed	/ Individual / Neutralization Study										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water – TMC / Pa, Ec / TOC / Conductivity											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Indicator - Log Reduction / Pos or Neg											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbial Identification											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMC / TBC / TFC											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swab – TMC / TBC/ TFC / β-Lactam Residue / Duplicate Plating											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted By:	<b>Mr. Smith</b>	Date	<b>1/1/08</b>	Received by		Date		M.E. Study Number(s)	
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\* If specific tests are not circled, all tests listed in the column will be performed. For directions on filling out this form, please visit [www.microbioenv.com/Sample Submission Form.htm](http://www.microbioenv.com/Sample Submission Form.htm) or call your account representative. By signing this form the client acknowledges and agrees to the terms that may be found at [www.microbioenv.com/About Us.htm](http://www.microbioenv.com/About Us.htm) and that Microbiological Environments is limited in liability only for the cost of the individual test(s) in question.