



# 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	<input style="width: 90%;" type="text" value="XYZ Company"/>	Address	<input style="width: 90%;" type="text" value="177 North Commerce Way"/>
Contact	<input style="width: 90%;" type="text" value="Mr. Smith"/>		<input style="width: 90%;" type="text" value="Bethlehem, PA 18017"/>
Phone	<input style="width: 90%;" type="text" value="610-866-7272"/>	PO	<input style="width: 90%;" type="text" value="040408H123"/>

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

Submitted By:	<input style="width: 90%;" type="text" value="Mr. Smith"/>	Date	<input style="width: 90%;" type="text" value="1/1/08"/>	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.