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	Address
Contact	
Phone	PO

Test Set-Up (TSU)

STD- Standard (default)	
ND – Next Business Day	
SD- Same Business Day (Must be received before 1:00pm)	
WH- Weekend/ Holiday/ After Hours	

Sample Codes

AS- Air Sample	B- Bulk
CP- Contact Plate	W- Water
S- Swab	BI- Biological Indicator
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/ Concern Levels/ Limits

*Requested ANALYSIS (CHECK BOX & CIRCLE)**										
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	*Other:*

Submitted By:	Date	Received by	Date	M.E. Study Number(s)

* 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 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 and that Microbiological Environments is limited in liability only for the cost of the individual test(s) in question.

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