



CHAIN OF CUSTODY & ANALYSIS REQUEST

Project ID: \_\_\_\_\_

Site Address: \_\_\_\_\_

Invoice/Bill to:  RestCon Client: \_\_\_\_\_

Other: \_\_\_\_\_

Date Sampled: \_\_\_\_\_
Time Sampled: \_\_\_\_\_
Sampled By: \_\_\_\_\_

Table with columns: SAMPLE #, SAMPLE TYPE, AREA, For Air Sampling Only (FLOW RATE, TIME, AIR VOL), SAMPLE LOCATION, ANALYSIS REQUEST. Contains 12 empty rows for data entry.

Submitted by (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

RUSH \_\_\_\_\_ Rush turn-around time available when applicable. Additional rates apply; see Rate Sheet for details

Analysis Options: Swiffer, Dust: Culturable or PCR; Tape, Bulk, or Air: DM (Direct Microscopy); Swab: Culturable, Mycometer, DM (Direct Microscopy), or Presence/Absence E.Coli
(Lab use only) Total # Samples: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_
Total # Samples: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_