

## Bacterial Chain of Custody Record

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**Client:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Other Info:** \_\_\_\_\_

**Analytical Protocol:**

\_\_\_\_ E. coli P/A  
 \_\_\_\_ E. coli / Coliform MPN  
 \_\_\_\_ E. coli / Fecal Coliform  
 \_\_\_\_ Heterotrophic Bacteria  
 \_\_\_\_ Bacterial ID  
 \_\_\_\_ MPA Analysis  
 \_\_\_\_ Cryptosporidium  
 \_\_\_\_ Giardia  
 \_\_\_\_ Turbidity  
 \_\_\_\_ Microbial Limit Test  
 \_\_\_\_ Other \_\_\_\_\_

**Turnaround Time:**

\_\_\_\_ 7 days  
 \_\_\_\_ 5 days  
 \_\_\_\_ 3 days  
 \_\_\_\_ 48 hours  
 \_\_\_\_ 24 hours\*

(Not all TATs are available for all analysis types)

**Project Name:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_ **P.O. Number:** \_\_\_\_\_

Sample Number	Sample Description	Sample Type				Sample Date	Sample Time			Flow Rate (lpm)			Total Volume
		Water	Swab	Air	Other		On	Off	Total	Start	End	Avg	

*(To be completed by lab):*      **Receipt Temperature** \_\_\_\_\_ °C      **Receipt Condition** \_\_\_\_\_

**Internal Lab Use Only:**  
 Prelim Released: \_\_\_\_\_      Final Results Released: \_\_\_\_\_      Hardcopy / Invoice Mailed: \_\_\_\_\_  
 By :  Fax    Phone    E-mail    Verbal      By :  Fax    Phone    E-mail      Reviewed By: \_\_\_\_\_

By signing below you are agreeing to comply with Lab/Cor's Requests, Tenders and Contracts. \* Call ahead for TATs of 24hrs or less

Relinquished by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_      Relinquished by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_      Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_