

## 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 / TC MPN
- \_\_\_\_ E. coli / FC CFU
- \_\_\_\_ Heterotrophic Bacteria
- \_\_\_\_ Bacterial ID
- \_\_\_\_ MPA Analysis
- \_\_\_\_ Enterococcus
- \_\_\_\_ Legionella
- \_\_\_\_ P. aeruginosa
- \_\_\_\_ Turbidity
- \_\_\_\_ Other \_\_\_\_\_

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

Sample Number	Sample Description	Sample Type				Sample Date	Sample Time			Flow Rate (lpm) (Andersen Sampler Only)			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: \_\_\_\_\_