



# MICRO CHAIN OF CUSTODY

333 Jackson Plaza Road Ann Arbor, MI 48103

877-220-3528 | [info@pellabs.com](mailto:info@pellabs.com)

For Lab Use Only

Lab No. \_\_\_\_\_

Accept    Reject

Report Results  
(Check one box)

Contact Information			Project Information		
Company:	Phone:	Project Name:			
Contact:	Cell Phone:	Project Location:			Email _____
Account #:	E-mail:	Project ID:			Other _____
Sampled By:	Name:	Date:	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME

### REQUESTED SERVICES (Please Check the Appropriate Boxes)

Fungal Analysis (non-culture)		Fungal Analysis (non-culture)		Fungal Analysis (culture based)		Bacterial Analysis		TURNAROUND TIME	
<input type="checkbox"/>	Spore Trap	<input type="checkbox"/>	Bulk/Swab	<input type="checkbox"/>	Impaction Plate	<input type="checkbox"/>	Water Screen	<input type="checkbox"/>	Rush
<input type="checkbox"/>	Spore Trap (Detailed)	<input type="checkbox"/>	Bulk/Swab (Quantitative)	<input type="checkbox"/>	Sedimentation Plate	<input type="checkbox"/>	Sewage Screen	<input type="checkbox"/>	Same Day
<input type="checkbox"/>	Tape Lift	<input type="checkbox"/>	Other (Specify in Comments)	<input type="checkbox"/>	Bulk/Swab - Genus ID	<input type="checkbox"/>	Heterotrophic Plate Count	<input type="checkbox"/>	24 - Hour
<input type="checkbox"/>	Tape/Lift (Quantitative)			<input type="checkbox"/>	Bulk/Swab - Genus ID & Enumer.	<input type="checkbox"/>	Heterotrophic Plate count with	<input type="checkbox"/>	3 - Day
				<input type="checkbox"/>	ID Other (Specify in Comments)	<input type="checkbox"/>	Other (Specify in Comments)	<input type="checkbox"/>	5 - Day
								<input type="checkbox"/>	14 - Day (Cultures)

No.	Sample ID (10 Characters Max)	Description	Volume / Area (as applicable)	Media / Comments / Notes
1				
2				
3				
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9				
10				



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Company:	Project Name:	Project Location:
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No.	Sample ID (10 Characters Max)	Description	Volume / Area (as applicable)	Media / Comments / Notes
11				
12				
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