

**Microbiology Sample CHAIN OF CUSTODY**



**Microconsult, Inc.**

Microbiology & Chemistry Testing Laboratory  
Phone (972) 250-2902 \* Fax (972) 250-2903

Testing Initiated Date:	Results Date:
Testing Completed By/Date:	Reviewed By/Date:

Comments:

**PLEASE COMPLETE THE FOLLOWING & SUBMIT WITH SAMPLE(S).**

Sample Product/Identification	Lot/Formula	Specification	Test requested	FOR LAB USE ONLY. <i>Please do not write in this area.</i>	
				Lab No.	Results
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		
		<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/> APC <input type="checkbox"/> Y&M <input type="checkbox"/> LACTO <input type="checkbox"/> EN		

SAMPLE RETURN:  YES  NO    Customer Release Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

*Microconsult, Inc. is not responsible for retain samples. Samples will be discarded after 7 days.*

COMPANY NAME:		CONTACT NAME:
PHONE:	FAX:	EMAIL:
ADDRESS:		