🔅 eurofins

MICROBIOLOGICAL CHAIN-OF-CUSTODY RECORD

Calscience									WO # / LAB USE ONLY DATE:													
	icoln Way, Garden Grove, CA 928		PAGE:											OF								
	ier service / sample drop off inforn ATORY CLIENT:		CLIENT PROJECT NAME / NUMBER:												P.O. NO.:							
ENDOR																1.0.10.						
ADDRE	SS:		PROJECT CONTACT:													QUOTE NO.:						
TEL: FAX: E-MAIL:																						
DDINK							SAMPLER(S): (PRINT and SIGNATURE)													TEMPERATURE UPON RECEIPT:		
DRINKI	NG WATER COMPLIANCE:																°C					
DRINKING WATER NOTIFICATION CONTACT INFO*										F	REQL	-	time (Volume)									
NAME: TEL: TURNAROUND TIME:									1	1	1		u irements hrs (100 ± 2.5 ml)									
SAME DAY 24 HR 48 HR 72 HR 5 DAYS 10 DAYS																					8 hrs (100 ± 2.3 ml)	
SPECIAL INSTRUCTIONS:																					8 hrs (100 ml)	
																	8 hrs (100 ml)					
																		8 hrs (100 ml)				
																		c Plate Count - 8 hrs				
																		nust be filled to the				
LAB			SAM	PLING	MATRIX**	NO.															k only, headspace sent in containers.)	
USE ONLY	SAMPLE ID	SAMPLE LOCATION	DATE	TIME	TYPE	OF CONT.															mments	
*Notify for: Total or Fecal coliform/E. Coli positive result(s). Negative invalidated Coliform sample result(s). **Matrix Ty DW (Drinking Water), GW (Ground Water), RW (Recreational Water), SW (Surface Water), WW (Waste Water)									SAMPLE REQUIREMENTS: Sample(s) must be taken in an appropriate sized sterile container. Care must be taken not to contaminate the sample(s) or container(s) during storage and sampling. Sample(s) must be filled to the 100 ml mark only. Sample(s) must be filled to the 100 ml mark only. Sample(s) must be filled to the 100 ml mark only. Sample(s) that are filled with more or less than 100 ml are not acceptable. Drinking water sample allowable limits are 100 ± 25 ml. Sample container must have headspace. If sample water is known or suspected to be chlorinated, the sample container must contain adequate sodium thiosulfate to remove the chlorine.													
	•		Sample(s) must arrive at the laboratory at <10°C unless they have not had time to cool down.												lown.							
Relinqu	uished by: (Signature)	y: (Signature	Date Date												Date:	:	Time:					
Relinquished by: (Signature) Received by: (Signature)								tion)											Date		Time:	
Relinquished by: (Signature) Received by: (Signature)																			Date:	:	Time:	
															1							