

CHAIN OF CUSTODY AND SAMPLE ANALYSIS REQUEST FORM - LEGIONELLA

CUSTOMER INFORMATION

Date Sent/Delivered:	P.O.#:
Company Name and Address:	Contact Name:
	Phone:
	Fax:
	Email Address:
Send Invoices to (if different from above):	
Company Name and Address:	Contact Name:
	Phone:
	Fax:

SAMPLE INFORMATION - USE ADDITIONAL FORMS AS NECESSARY

Sample Identification	Sample Volume	Date, Time Collected	Potable (P) or Non-Potable (NP)	Biocide Treatment? (include type used)	For Internal Biosan Use Only	
					Sodium Thiosulfate Container?	Chlorine Check/Neutralized?

For Internal Biosan Use Only	Date	Time	Initials
Samples Received			
Samples Delivered to Lab			