CHAIN OF CUSTODY

ACCUGEN LABORATORIES, INC.
50 West, 75th Street Suite 209, Willowbrook, IL 60527
Tel: 630-789-8105●Toll Free: 800-282-7102 ● Fax # 630-789-8104
http://www.accugenlabs.com● E-Mail: info@accugenlabs.com

SPONSOR: Your Company Name Here _____ **DATE**: _____

ADDRESS: _____

CONTACT: _____ **E-MAIL**: _____

PHONE: _____ **FAX**: _____

PROJECT: TRSA _____ **E-MAIL**: afreeman@trsa.org

#	TEST ORDERED	SAMPLE ID	Lot #
1 1	USP 62		
2 1	RODAC Test Plate		

SAMPLE STORAGE INSTRUCTION:

(X) Store at Room temperature upon arrival ( ) Refrigerate upon arrival ( ) Freeze upon arrival

All Samples will be discarded after testing unless/otherwise indicated below:

(X) Discard Samples ( ) Retain Samples ( ) Return Samples

TESTING INSTRUCTIONS: Report cfu per sq. decimeter for RODAC plate test. Also, please add name of laundry submitting samples and date selected (below) to each test report.

Laundry Submitting Samples: _____

Date Selected: _____

PAYMENT METHOD	Purchase Order #		Accugen Quote # If applicable	
	Check	**Please invoice the Sponsor Company above as agreed by phone with Tehseen Naqvi.**		
	Credit Card	VISA MC AMEX		
	CARD #	CARD # EXP.DATE		
		ADDRESS : Do not write if same as above. Write, if different.		

AUTHORIZATION SIGNATURE *Your Signature Here* _____ DATE: _____

For Lab use only	Sample Condition	
Sample inspected and logged by:		Date
Sample received by:		Date