

# CHAIN OF CUSTODY ACCUGEN LABORATORIES, INC.

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**SPONSOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PROJECT:** TRSA **TRSA E-MAIL:** certification@trsa.org

TEST ORDERED	SAMPLE ID	Lot #
RODAC      USP 62		
RODAC      USP 62		
RODAC      USP 62		
RODAC      USP 62		

**HYGIENICALLY CLEAN PROGRAM:**

Health Care: ≤20 CFUs/dm<sup>2</sup>                      Food Safety: ≤50 CFUs/dm<sup>2</sup>                      Food Service: ≤50 CFUs/dm<sup>2</sup>  
Hospitality: ≤50 CFUs/dm<sup>2</sup>                      Generic: ≤50 CFUs/dm<sup>2</sup>

**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: \_\_\_\_\_

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

**AUTHORIZATION SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b><u>For Lab use only</u></b>	<b><u>Sample Condition</u></b>	<b><u>Date</u></b>
<u>Sample inspected and logged by:</u>		