

TRSA Chain of Custody Form

EMSL Order Number / Lab Use Only
PHONE:
EMAIL:

			If E	Bill-To is the same	e as	Report-To leave this s	section blank.	Third-party bil	ling requires v	vritten authorization.		
	Customer ID:					Billing ID:						
nformation	Company Name:					Company Name:						
	Contact Name:					Billing Contact:						
<u> </u>	Street Address:				Information	Street Address:						
Customer	City, State/Provin	ity, State/Province , Zip/Postal Code: Country:				City, State/Province , Zip/Postal Code: Country:				Country:		
ರ	Phone:				_	Phone:	hone:					
	Email(s) for Report: *See note					Email(s) for Invoice:						
	in project Info Project Information											
	ect ID:			State where	Also Email Report To:							
•				san	ples collected: Certification@trsa.org							
San	npled By Name:		Sampled B	y Signature:	I				No. of			
									Sampl Shipm			
Sales Representative: Natalie Murphy 856-303-3430 nmurphy@emsl.com												
Attention: Terri Lawrence, Microbiology Lab Manager												
/15	1580 - <u>USP<62></u> : Microbiological Examination of Non-Sterile Products Tests for Specified Microorganisms Price: \$332.00 Per Sample C. difficile Screen Fee: \$25.00 (Lab will call first)											
/15	1581 - RODAC: Bacterial and Fungal Counts by Contact (RODAC) Plate Price: \$35.00 Per Test Each, Bacteria and Fungi (\$70.00 Per Sample Total)											
lygienically Clean Program: Check the appopriate box below:												
		Health Care: <20 CFU/dm ²	Food Safety/Service: <50 CFU/dm ²									
		Hospitality: <50 CFU/dm ²	(Generic: <50 CFU/dm ²								
Sample ID:						Tests Requested:						
										ICD (C2)		
								Rodac	·	JSP <62>		
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		-						Rodac	ι	JSP <62>		
/let	hod of Shipment:					Sample Condition Up	on Receipt:					
Reli	nquished by:		Date/Time			Received by:			Date/Time			
Reli	nquished by:		Date/Time			Received by:			Date/Time			
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