

SAMPLE SUBMISSION FORM for Microbiology Analysis



CHAIN OF CUSTODY RECORD

Please fill out all fields (as needed), print, sign & deliver with samples to be tested

Report Information

Company:
Contact:
Address:

Phone:
Email:

Invoice Information

Company:
Contact:
Address:

Phone:
Email:

(Same as Report Info)

Fax:

Fax:

REPORT NUMBER
Date Rec'd by AFSL
Temperature on Receipt
PO#
Quote #

Additional Reporting Information		Indicate analysis and method required (click in box to check selection)																		
Rush Delivery: Please contact the laboratory to confirm rush dates and times before submitting samples.	Date Required	Aerobic Plate Count	Coliform & E.coli	Coagulase Positive Staph	Lactic Acid Bacteria	Yeast & Mold	Enterobacteriaceae	Bacillus	Listeria monocytogenes	E.coli O157:H7	Salmonella species	Listeria species	MPN							
	Auth Customer Signature																			
	Required on : All Analysis -or- As Indicated																			
Sample Identification		Date Sampled																		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
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9																				
10																				
11																				
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15																				

Enter additional comments below

All samples must be clearly identified and all applicable areas of the submission sheet completed.
Improper or incomplete submission sheets may result in delayed sample processing.
If method is not specified, AFSL will use official methods based on sample matrix.
For information on sampling and details on submitting samples for testing call 860-269-7248 or email priority@alliantfoodsafety.com.

Relinquished by: (Signature/Print)	Received by: (Signature/Print)	Date/Time	Purpose of Change/Remarks