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Chain of Custody

SBL DOC ID: QMF-004

Client Contact		Carrier Service:					SBL Project Manager:				1 of __ COC's
Name:		Tracking Number:					SBL Job ID:				
Address:		**Analysis Turnaround Time Requested (TAT): Circle One**					**Filtered Sample: Yes No N/A**				1 of __ COC's
Phone:		1 Day	2 Days	1 Week	2 Weeks	Other	**Testing Requested: Circle One**				Revision: 02
Industry:		TAT if Requested is Marked as "Other" _____					EM	Water	Food	GMP	Effective: 13-Mar-2024
Email:		**Organisms Testing For: Circle All That Apply**					R & D	Non-Sterile	Sterile	Other	

Project Name:		E. coli	S. aureus	P. aeruginosa	C. albicans	B. cereus	**Test Code: Circle All That Apply**				**Test Code, if Other:**
Site:		Campy	Listeria (spp)	B. subtilis	B. cepacia	Salmonella	USP 61	USP 62	USP 71	USP 797	
P.O #		EB	Other:				TAMC	TYMC	HPC	Coliform	

Sample Identification	Sample Date	Sample Time	Sample Type	Matrix	Qty.	Test Code	Test Code	Test Code	Test Code	Test Code	Preservative

Preservation Used: 1=Ice, 2=HCl; 3=H2SO4; 4=HNO3; 5=NaOH; 6=Other -_____

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month or if they require special disposal): Circle One Below
If Return to Client: Client must provide shipping label

Possible Hazard Identification (A fee may be assessed for those that require special precautions): Circle One Below

Non-Hazardous	Flammable	Skin Irritant	Poisonous/Toxin	Unknown	Return to Client	Disposal By Lab	Retain for_____ Months

Special Instructions/QC Requirements & Comments:

Signature Release: Client			**Signature Received: SBL**		
Relinquished By:	Company:	Date/Time:	Received By:	Date:	Time:
Relinquished By:	Company:	Date/Time:	Received By:	Date:	Time: