



MicroBEST Laboratory
22207 Starks Dr.
Clinton Twp., MI 48036

586-598-5980
www.microbestlab.com

Chain of Custody

Lab Use Only - Condition Upon Receipt					
Type of Courier?	MBL	UPS	FedEx	Mail	Other
Container OK?		Y	N	N/A	
Sample Leaking?		Y	N	N/A	
Received Refrigerated?		Y	N	N/A	
Total # of Samples Received:					

Client Information:

Name: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Purchase Order #: _____

Sample Information / Identification	Analysis Needed (Check all that Apply)														Lab Use Only - Laboratory ID#	
	Date Collected	Time Collected	Collected by Initials	Sample Type Code ¹	Standard Food Panel ²	TPC - Total Plate Count	Y&M - Yeast & Mold	TC/EC - Total Coliform/E. coli	SA - Staphylococcus aureus	LI - Listeria sp.	SAL - Salmonella sp.	ENT - Enterobacteriaceae	Other	Other		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

Instructions:

¹ Sample Type Code:
W - Water
FP - Food Product
Air - Air
CS - Cosmetic/Personal Care
ENV - Environmental

² Standard Food Panel Includes:
 TPC, TC/EC, SA, and Y&M

Client Name (Print): _____

Relinquished (Client) Signature: _____

By signing you agree to the Chain of Custody Terms and Conditions

Received (Laboratory) Signature: _____

Date: _____

Date: _____

RUSH*

*an additional charge may apply