



General Submission Form

PO#: _____

Submitted By: _____

Company: _____

Address _____

Contact Phone: _____

Submitted For: _____

Results By:
(select all that apply)

Website _____

Mail _____

Fax _____

Email _____

Other _____

Chain of Custody			
Submitted By	Date	Received By	Date

For microbiological analyses, please collect samples in sterile bottles, refrigerate at 4°C during shipping, and deliver to the laboratory as soon as possible after collection. Microbiological samples must be received in the laboratory Monday through Thursday.

Sample Number	Sample Description/ID	Analyses Requested (Please add any additional analyses required on an additional page)								Lab Use
		/	/	/	/	/	/	/	/	

Additional details: