


Shaded Area - Lab Use ONLY									
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Acct. Num. / Client ID:			User ID:				 <p>Scan QR Code for instructions</p>	Case Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Thermometer ID:	Correction Factor (°C):	Obs. Temp. (°C)	Corrected Temp. (°C)	Received On Ice:		Legionella QuickCheck™? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Delivered by: <input type="checkbox"/> In-Person <input type="checkbox"/> Courier <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other _____						Biocide Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tracking Number:						If Yes, list biocide used:				

Company Name:	Contact Name:	Turnaround time (TAT):
	Customer Project #:	<input type="checkbox"/> Standard <input type="checkbox"/> Other _____
Street Address:	Project Name/Description:	**Sodium Thiosulfate Preserved Container Sizes:
Phone #:		(1) 1L, (2) 500mL, (3) 250mL, (4) 120mL, (5) Other
E-Mail:	Purchase Order # (if applicable):	Container Size**
	Quote #:	
Site Collection Info/Facility ID as applicable:	PWSID # as applicable:	
Time Zone Collected: <input type="checkbox"/> AK <input type="checkbox"/> PT <input type="checkbox"/> MT <input type="checkbox"/> CT <input type="checkbox"/> ET	State origin of sample(s):	

* **Matrix Codes:** Drinking Water (DW), Other Non-Potable Water (NP), Cooling Tower (CT), Swab (SB), Other (OT)

Sample ID	Sample Description / Location Information	Matrix*	ISO 11731 Legionella		Sample Collection		Container Count	Analysis/Test Code Requested		
			Biocide Conc.	Sample Temp (F)	Date	Time				

Customer Remarks / Special Conditions / Possible Hazards:

Collected By (Print Name):				Signature:			
Relinquished by/Company: (Signature)		Date/Time:		Received by/Company: (Signature)		Date/Time:	
Relinquished by/Company: (Signature)		Date/Time:		Received by/Company: (Signature)		Date/Time:	
Relinquished by/Company: (Signature)		Date/Time:		Received by/Company: (Signature)		Date/Time:	

Lab Use Only: Sample receipt non-conformance found.

Legionella & Waterborne Microorganisms Chain of Custody Instructions

***Pace Location Requested:** City and State of Pace Laboratory where testing is to be performed.

***Company Name:** Client's company name.

***Street Address:** Client's mailing address, city, state, and zip code for mailing.

***Phone #:** Client's contact phone number.

E-mail: Client's e-mail for correspondence.

Site Collection Info/ Facility ID: Site location or facility information.

Time Zone: Check time zone of sample to ensure proper hold times are met.

***Contact Name:** Person to receive results.

Customer Project # and Project Name/Description: Client's reference to the project or work involved with these samples.

Purchase Order #: Client specific number to be listed on project invoice for client billing purposes.

Quote #: Client or project specific number for client billing purposes.

PWSID #: Public Water System Identification Number for drinking water compliance reporting.

***State Origin of Samples:** State required to ensure proper reporting.

***Case Investigation:** Required for Legionella analysis. Check Yes or No. Case investigation includes preliminary reporting and phone notification. If yes, representative isolates will be saved at the lab's discretion. To request specific isolates, please notify the lab within seven days of receipt of your report. Additional fees may apply.

***Legionella QuickCheck™:** Required for Legionella analysis. Check Yes or No. You will receive a preliminary report. Additional fees may apply.

***Biocide Used:** Required only for Legionella compliance reporting using method ISO 11731. Check Yes or No. If yes, list the specific biocide(s) used.

***Turnaround time (TAT):** Surcharges may apply for non-standard turnaround times and are method dependent. Results will be due by the end of business on the date due based on standard turnaround time unless other arrangements have been made with your Project Manager.

***Sample ID:** The unique sample ID you want to appear on the analytical report.

***Sample Description / Location Information:** Describe the sample and/or location.

***Matrix:** Select from list provided list.

***Biocide Conc.:** Required only for Legionella compliance reporting using method ISO 11731. Provide the concentration of biocide for each sample where used. If biocide is not used list "N/A".

***Sample Temp.:** Required only for Legionella compliance reporting using method ISO 11731. Provide the sample temperature upon collection.

***Collected Date:** Date sample was collected.

***Collected Time:** Time sample was collected.

***Container Count:** Total number of containers submitted for the sample.

***Container Size:** Specify container size from list.

***Analysis/Test Code Requested:** Fill-in the test codes for the desired analysis for each sample.

Customer Remarks/Special Conditions/Possible Hazards: List special instructions about the sample here. If the sample is known or suspected to be hazardous indicate that here and attach SDS if possible.

***Collected By:** Printed name of sample collector.

***Collected By Signature:** Signature of sample collector.

***Relinquished By/Received By:** This form **must be signed** each time the sample(s) changes hands. Custody seals are available upon request if needed.

Summarized Sample Acceptance Policy Requirements:

- Proper, full, and completed chain-of-custody documentation
- Legible unique sample container identification written in indelible ink
- Appropriate sample container
- Enough sample to perform the requested tests
- Received within required holding time, where applicable
- Received within temperature preservation requirements, when necessary
- Sample containers received in good condition (not leaking or broken)
- Custody seals, when used, are intact
- Properly preserved, when required

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met. Full location Specific Sample Acceptance Policy is available from your Project Manager.

***Required field:** Failure to fill in a required field may result in a sample(s) being put on hold until information can be obtained. This may result in a delay in receiving results.