USP 797 Chain of Custody Analytical Request Document Chain-of-Custody is a legal document - Complete all relevant fields Shaded Areas - Lab Use ONLY				Pace® Location Requested (City/State): Scan QR Code for instructions						Lab Use Only		
Acct. Num. / Client ID:					Tracking Number:							
Company Name:					Contact Name:							ϋ
Street Address:					Phone #:						Air Sampler Type	
					E-Mail:					(as aplicable):		
										(as aplicable): [] Anderson [] SAS [] BioCulture [] RCS		
					Quote #:							
				Purcha	se Order # (if appli	able):				[] NC3		ipt no
Perform Genus ID	if above USP <797> a	ction levels? [] Yes - Additional char	ges apply [] Upon	reques	st - if requested afte	r 48 hours o	vergrowth may r	esult in subculture	fees.			rece
Perform GNR Geni	us ID if below USP <79	77> action levels? [] Yes - Additional	charges apply [] (Upon re	equest - if requested	d after 48 ho	urs overgrowth	may result in subcu	lture fees.			ample
Commis ID	Sample Description / Location Information			ISO	Sample Collection Total Volume/Area			Mardia Lak	Madia Funination	Test Code(s) Requeste		se: S
Sample ID				Class	Date	Time	(L, cm ²)	Media Lot	Media Expiration	rest code(s) Kequestea	Labu
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Collected By (Print	Name):			Signati	ure:	•	•				•	
Customer Remarks	/ Special Conditions	/ Possible Hazards:										_
Relinquished by/Compa	anv: (Signature)		Date/Time:		Received by/Company:	(Signature)				Date/Time:		
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Relinquished by/Company: (Signature) Date/Time:					Received by/Company:	(Signature)				Date/Time:		
Single Plate	Air Test Codes	Dual Plate Air Test Codes	Single Plate S	Surface	Test Codes	Du	al Plate Surface	Test Codes	ibbΔ	tional Test Co	des	
Single Plate Air Test Codes Dual Plate Air Test Codes Single Plate 1 1202.7 Air, Bacterial Counts Only 1207 Air, Bacterial Counts 1202 Surface, Bac						1204 Surface, Bacterial Counts Only			1064 Bacterial Speciation per Isolate Add-on			
		1202.1 Surface, Fun						1064.4 Fungal Speciation per Isolate Add-on 1064.1 GNR Speciation per Isolate Add-on				
		1202.2 Surface, Bac 1202.3 Surface, Fun					1064.1 GNR Specia	ation per Isola	te Add-on			
Media Fill Test Codes Glove Fingertip Test Codes		Codes	Glove Fingertip Additional Test Codes Notes:								_	
1209 Medium Risk (Basic) 1109-LB Left Hand, Bacterial Counts Only			1109.1-L Left Hand, Bacterial Counts with Genus ID 1109.1-R Right Hand, Bacterial Counts with Genus ID									
1211 Low Risk 1109-RB Right Hand, Bacterial Counts Only 1212 Medium Risk (Comprehensive) 1110-LF Left Hand, Fungal Counts Only			· ·		L-K Right Hand, Bad L-L Glove Fingertip,							
1213 High Risk	•	1110-RF Right Hand, Fungal Counts C				1110.1-R Glove Fingertip, Right Hand, Fungal Counts with Genus ID						

USP797 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

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

*Contact Name: Person to receive results *Phone #: Client's contact phone number E-mail: Client's e-mail for correspondence

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

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

*Air Sampler: Required for air monitoring, select the type of sampling equipment used.

Perform Genus ID if above USP <797> action levels: Select Yes or No. Additional charges may apply.

Perform GNR Genus ID if below USP <797> action levels: Select Yes or No. Additional charges may apply.

- *Sample ID: The unique sample ID you want to appear on the analytical report
- *Sample Description / Location Information: Describe the sample and/or location
- *ISO Class: Provide the air-quality classification from the International Organization for Standardization for each area monitored.
- *Collected Date: Date sample was collected.
- *Collected Time: Time sample was collected.
- *Total Volume/Area: Where applicable, record the total volume of air sampled in liters (L) or the total surface area sampled in square centimeters (cm²).
- *Media Lot: Where applicable, record the lot of media used for collection.
- *Media Expiration: Where applicable, record the expiration date of the media used for collection.
- *Analysis/Test Code Requested: Fill-in the test codes for the desired analysis for each sample.
- *Collected By: Printed name of sample collector
- *Collected By Signature: Signature of sample collector

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.

*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.