<u> </u>													
USP 797 Chain of Custody Analytical Request  Document  Chain-of-Custody is a legal document - Complete all relevant fields			Pace® Location Requested (City/State):  Scan QR Code for instructions										
	Shad	ed Areas - Lab Use ONLY						ENTERPOSE .	٠				
Acct. Num. / Client ID:					Tracking Number:								
Company Name:					Contact Name:							T	
Customer Project Name/Number:					Phone #:						Air Sampler Type (as aplicable): [ ] Anderson [ ] LSAS		
					E-Mail:								
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					e #:					[ ] BioCultu [ ] RCS	ıre	nforn	
					Purchase Order # (if applicable):							n-co	
									_			ot no	
		ction levels? [ ] Yes - Additional char										eceir	
		797> action levels? [ ] Yes - Addition			request - if request				ulture fees.			ple r	
*By requesting additional Genus ID or GNR Species ID, requestor agrees to changing test code for I				Total								Sam	
Sample ID	Sample Description / Location Inform		nation	ISO	Sample Collection Volume/Area		Media Lot	Media Expiration	Test Code(s	s) Requested	ed se		
				Class	Date	Time	(L, cm <sup>2</sup> )			<u> </u>		Lab	
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Relinquished by/Company: (Signature)  Date/Time:				Received by/Company: (Signature)						Date/Time:			
Relinquished by/Company: (Signature)  Date/Time:				Received by/Company: (Signature)						Date/Time:			
Date/ fille.				necessed by company. (bignature)									
Single Plate Air Test Codes Dual Plate Air Test Codes Single Plate S			Surface	urface Test Codes Dual Plate Surfac			Test Codes	Additional Test Codes					
1202.7 Air, Bacterial Counts Only 1207 Air, Counts Only (30-35°C) 1202 Surface, Bact									erial Speciation per Isolate Add-on				
1202.8 Air, Fungal Counts Only 1208 Air, Counts Only (20-25°C) 1202.1 Surface, Fun						, , , , ,			1064.4 Fungal Speciation per Isolate Add-on				
1202.5 Air, Bacterial Counts with ID 1107 Air, Counts with ID (30-35°C) 1202.2 Surface, Bacterial Counts with ID 1108 Air, Counts with ID (20-25°C) 1202.3 Surface, Fur									1064.1 GNR Speci	Speciation per Isolate Add-on			
Media Fill Test Codes		Glove Fingertip Test (		Glove Fingertip Additional Test Codes Notes:					Notes:			_	

1109.1-L Left Hand, Bacterial Counts with Genus ID

1109.1-R Right Hand, Bacterial Counts with Genus ID

1110.1-L Glove Fingertip, Left Hand, Fungal Counts with Genus ID

1110.1-R Glove Fingertip, Right Hand, Fungal Counts with Genus ID

1109-LB Left Hand, Bacterial Counts Only

1109-RB Right Hand, Bacterial Counts Only

1110-LF Left Hand, Fungal Counts Only

1110-RF Right Hand, Fungal Counts Only

1209 Medium Risk (Basic)

1212 Medium Risk (Comprehensive)

1211 Low Risk

1213 High Risk

## **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 Species ID if below USP <797> action levels: Select Yes or No. Additional charges may

- \*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.