



EMSL ANALYTICAL, INC.
LABORATORY • PRODUCTS • TRAINING

USP <797> Environmental Monitoring Chain of Custody

EMSL Analytical, Inc.
200 Route 130 North
Cinnaminson, NJ 08077
Phone: (800) 220-3675
Fax: (856) 786-5974

EMSL Order Number (Lab Use Only)

Email: cinnaminsonmicrobiology@emsl.com

Company:		EMSL Bill To: <input type="checkbox"/> Same <input type="checkbox"/> Different	
Street:		<i>Third Party Billing requires written permission from Third Party. If Bill To is different, note instructions in Comments</i>	
City:	State/Province:		
Report To (Name):		Zip/Postal Code:	Country:
Email Address:		Telephone #:	Fax #:
Project Name/Number:		PO #:	Results Via: <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX

Automatic Microbial Identification (M406)? Yes Upon Request ONLY

Samples originated from a FDA-registered facility or a facility subject to FDA audits? Yes No

USP <797> Test Codes and Turnaround Time	M401 - Fungal Counts Only (7 Days from Date of Receipt)
	M403 - Bacterial Counts Only (7 Days from Date of Receipt)
	M407 - Microbial (Fungi & Bacteria on Single Plate) Counts Only (14 Days from Date of Receipt)
	M406 - Microbial Identification (7 Days from Report of M401, M403 or M407)

Select the Sampler Utilized for Air Monitoring (Required information for correct calculation of results)	SKC BioStage 200 <input type="checkbox"/>
	SAS w/55mm or 90 mm Plates <input type="checkbox"/>
	Andersen, EMSL VP-400, BioStage Standard, BUCK BioAire B6 Single Stage <input type="checkbox"/>
	SAS w/84mm Maxi Contact Plates <input type="checkbox"/>
	Buck Bio-Culture <input type="checkbox"/>
Other, enter number of holes of impactor:	

SAMPLE TYPE OPTIONS (Include for each sample below) Air Contact Plate Gloved Fingertip Swab Media Fill Special Request

Sample ID	Sample Location	ISO Class Number	Air Volume or Area Sampled	Date / Time Sampled	Test Code	Sample Type

Sampled by (Name):			
Relinquished (Client):	Date:	Time:	
Received (Laboratory):	Date:	Time:	

Comments:

Sample ID	Sample Location	ISO Class Number	Air Volume or Area Sampled	Date / Time Sampled	Test Code	Sample Type
Sampled by (Name):						
Relinquished (Client):			Date:	Time:		
Received (Laboratory):			Date:	Time:		
Comments:						