



EMSL CANADA, INC.  
LABORATORY • PRODUCTS • TRAINING

# Food Division - Chain of Custody

EMSL Order Number / Lab Use Only

PHONE:  
EMAIL:

<b>Customer Information</b>	Customer ID:		<b>Billing Information</b>	Billing ID:		
	Company Name:			Company Name:		
	Contact Name:			Billing Contact:		
	Street Address:			Street Address:		
	City, Province, Postal Code:	Country:		City, Province, Postal Code:	Country:	
	Phone:			Phone:		
	Email(s) for Report:			Email(s) for Invoice:		

Project Information						
Project Name/No:					Purchase Order:	
EMSL LIMS Project ID: <small>(If applicable, EMSL will provide)</small>						
No. Samples in Shipment:	Samples Received Chilled		Yes	No	<b>Sample(s) Temperature Upon Receipt (LAB ONLY):</b>	
Sampled By Name:		Sampled By Signature:				
<b>Turn-Around-Time (TAT) - All results reported End of Business Day. Microbiology analyses will receive STANDARD TAT, RUSH Not Available</b>						
	<b>1 Day</b>	<b>2 Day</b>	<b>3 Day</b>	<b>4 Day</b>	<b>1 Week (EOD)</b>	<b>2 Week (EOD) Standard TAT</b>

Client Sample ID/Description	Date / Time Collected	Matrix S=Sponge/Swab F=Food W=Water A=Air O=Other	List Test(s) Needed Below:								Acceptable Limits / Product Specifications (e.g.: APC<1,000 cfu/g)
			Test 1:	Test 2:	Test 3:	Test 4:	Test 5:	Test 6:	Test 7:	Test 8:	

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

Method of Shipment:		Sample Condition Upon Receipt (If unacceptable, provide explanation: ACCEPTABLE      NOT ACCEPTABLE)	
Relinquished by:	Date/Time:	Received by:	Date/Time:
Relinquished by:	Date/Time:	Received by:	Date/Time:

**AGREE TO ELECTRONIC SIGNATURE** (By checking, I consent to signing this Chain of Custody document by electronic signature.)

