



EMSL ANALYTICAL, INC.
LABORATORY PRODUCTS • TRAINING

Microbiology Chain of Custody

EMSL Order Number (Lab Use Only):

071702701

EMSL Analytical, Inc.
2205 Corporate Plaza
Suite 200
Smyrna, GA 30080
PHONE: (770) 956-9150
FAX: (770) 956-9181

Company Name: PM Environmental, Inc.		EMSL-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**					
Street: 2080 Valleydale Road Suite 16		Third Party Billing requires written authorization from third party					
City: Birmingham	State/Province: AL	Zip/Postal Code: 35244	Country: US				
Report To (Name): Amanda Stone		Telephone #: 205-986-0269					
Email Address: Stone@pmenv.com		Fax #: 877-884-6775	Purchase Order:				
Project Name/Number: 07-3552-0-0003		Please Provide Results: <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email					
U.S. State Samples Taken: AL		Zip Code Sample Taken:	Connecticut Samples: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential				
*Analysis completed in accordance with EMSL's Terms and Conditions located in the Analytical Price Guide. TATs are subject to methodology requirements							
Sterile, Sodium Thiosulfate Preserved Bottle Used: <input type="checkbox"/> Biocide Used in Source (specify): <input type="checkbox"/>							
Public Water Supply Samples: <input type="checkbox"/> Note: All results may automatically be reported to DOH if required by state.							
Turnaround Time (TAT) Options * - Please Check							
<input type="checkbox"/> 3 Hour	<input type="checkbox"/> 6 Hour	<input type="checkbox"/> 24 Hour	<input checked="" type="checkbox"/> 48 Hour				
<input type="checkbox"/> 72 Hour	<input type="checkbox"/> 96 Hour	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Week				
Microbiology Test Codes							
M001 Air-O-Cell	M174 MoldSnap	M024 Pseudomonas aeruginosa (MFT*)	M115 Sewage Screen - Water (P/A***)				
M030 Micro 5	M032 Allergenco-D	M015 Heterotrophic Plate Count	M116 Sewage Screen - Water (MPN**)				
M041 Fungal Direct Examination		M017 Total Coliform & E. coli (Colilert P/A***)	M117 Sewage Screen - Swab (P/A***)				
M169 Pollen ID & Enumeration		M018 Total Coliform & E. coli (MFT*)	M013 Sewage Screen - Swab (MFT*)				
M280 Dust Characterization Level-1		M114 Total Coliform & E. coli Enumeration (Colilert MPN**)	M133 Methicillin-resistant Staph. aureus (MRSA)				
M281 Dust Characterization Level-2		M019 Fecal Coliform (MFT*)	M031 Rapid-growing non-TB Mycobacteria Detection & Enumeration				
M005 Viable Fungi- Air Samples (Genus ID & Count)		M020 Fecal Streptococcus (MFT*)	M014 Endotoxin Analysis				
M006 Viable Fungi- Air Samples (Includes Penicillium, Aspergillus, Cladosporium, Stachybotrys Species ID & Count)		M029 Enterococci (MFT*)	M044 Group Allergen (Cat, Dog, Cockroach, Dust Mite)				
M007 Culturable fungi - Surface Samples (Genus ID & Count)		M129 Enterococci (Enterolert P/A***)	Other See Analytical Price Guide				
M008 Culturable fungi - Surface Samples (Includes Penicillium, Aspergillus, Cladosporium, Stachybotrys Species ID & Count)		M180 Real Time qPCR-ERMI 36 Panel	Legionella Analysis Please use EMSL Legionella COC				
M009 Bacteria Culture Gram Stain & Count		M025 Sewage Screen -Water (MFT*)					
M010 Bacteria Count & ID - 3 Most Prominent							
M011 Bacteria Count & ID - 5 Most Prominent							
M012 Pseudomonas aeruginosa (P/A***)							
		*MFT= Membrane Filtration Technique **MPN= Most Probable Number ***P/A= Presence/Absence					
Name of Sampler:		Signature of Sampler:					
Sample #	Sample Location/Description	Sample Type	Potable/NonPotable (only for waters)	Test Code	Volume/Area	Date/Time Collected	Temperature (°C) (Lab Use Only)
Example A1	Kitchen Sink/Tap	Water	<input checked="" type="checkbox"/> P <input type="checkbox"/> NP	M017	100 mL	9/1/13 4:00 PM	
2437 2960	Media center	air	<input type="checkbox"/> P <input type="checkbox"/> NP	M001	150	5/9/17 10am	
2437 1088	Ms. M Jones 2nd grade	air	<input type="checkbox"/> P <input type="checkbox"/> NP		150	10:15 am	
2437 1104	Preschool center		<input type="checkbox"/> P <input type="checkbox"/> NP		150	10:18 am	
23308247	Ms. Moseley 4th grade		<input type="checkbox"/> P <input type="checkbox"/> NP		150	10:30 am	
23308260	Ms Adams 4th grade		<input type="checkbox"/> P <input type="checkbox"/> NP		150	10:40 am	
23310115	Ms. Richardson 1st grade		<input type="checkbox"/> P <input type="checkbox"/> NP		150	11:00 am	
Client Sample # (s):		Total # of Samples: 10	Samples Received Chilled? Yes / No				
Relinquished (Client): <i>Amanda Stone</i>		Date: 5/9/17	Time: 4:11 pm				
Received (Lab): <i>Emil Hauer</i>		Date: 5-10-17	Time: 9:20 EFL				
Comments/Special Instructions:							



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Sample #	Sample Location/Description	Sample Type	Potable/NonPotable	Test Code	Volume/Area	Date/Time Collected	Temperature (°C) (Lab Use Only)
2437300	Hall outside JccDC	Air	<input type="checkbox"/> P <input type="checkbox"/> NP	M001	150	5/9/17 11:50 am	
23310117	Front lobby	Air	<input type="checkbox"/> P <input type="checkbox"/> NP	M001	150	5/9/17 12 pm	
23308234	common area/copy area	Air	<input type="checkbox"/> P <input type="checkbox"/> NP	M001	150	5/9/17 12:10 pm	
23308234	outside base - N side	Air	<input type="checkbox"/> P <input type="checkbox"/> NP	M001	150	5/9/17 12:15 pm	
			<input type="checkbox"/> P <input type="checkbox"/> NP				
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Comments/Special Instructions: