

**CHAIN OF CUSTODY**

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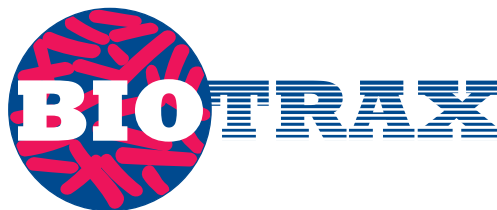
**BIOTRAX TESTING LABORATORY INC**

3580 Harlem Road Suite 2

Cheektowaga NY 14215

716-651-0146 Lab Submittals-

analysis@biotrax.net



LAB CONTROL NUMBER \_\_\_\_\_

CONTACT INFORMATION					
Company:		Address:			
Contact:		Email Address:			
Phone:					
PROJECT INFORMATION			TURN AROUND TIME CODES (TAT)		
Project ID:				Temp <4 C	
Project Description:			Start Date:	Start Time	
Project Zip Code:	Sampling Date & Time:		Verified Date	Verified Time:	
PO Number:	Sampled By:		Tech Initials		
LAB USE	SAMPLE DESCRIPTION / LOCATION	Sample Type (Below)	TAT (Above)	Allergens Analysis Please Enter Below	NOTES / (%M/AW PV)

REQUESTED SERVICES <small>(Use checkboxes below)</small>	
Water Testing Temp Received _____ C	Food Microbiology
Total Coliform / E Coli - Colifert	<input type="checkbox"/>
Standard Plate Count	<input type="checkbox"/>
Fecal Coliform - Colifert-18 / Quanti-Tray 2000	<input type="checkbox"/>
E. Coli Enumeration-Colifert-24 / Quanti-Tray 2000	<input type="checkbox"/>
Aerobic Plate Count - Tempo AC	<input type="checkbox"/>
Total Coliform - Tempo CC	<input type="checkbox"/>
E. Coli - Tempo EC	<input type="checkbox"/>
Enterobacteriaceae sp. Tempo EB	<input type="checkbox"/>
Staphylococcus sp. Tempo STA	<input type="checkbox"/>
Total Yeast and Mold Count Tempo YM	<input type="checkbox"/>
Bacillus Cereus ( Presence/Absence)	<input type="checkbox"/>
Salmonella Species - VIDAS SPT	<input type="checkbox"/>
Listeria Species - VIDAS LPT	<input type="checkbox"/>
Listeria Monocytogenes - VIDAS LMX	<input type="checkbox"/>
E. Coli-0157:H7 VIDAS ECPT	<input type="checkbox"/>
Moisture -1 / Water Activity-2 / Peroxide Value-3	<input type="checkbox"/>
Allergens- Drop Box Choice	<input type="checkbox"/>

SAMPLE TYPE CODES			RELINQUISHED BY	DATE & TIME	RECEIVED BY	DATE & TIME
PW- Potable Water	CA- Compressed Air					
NPW- Non-Potable Water		SW – Swab				
EVS- Surface Swab	BS- Biosolid					
F- Food /Ingredient	EA- Environmental Air	O – Other:				