

CHAIN OF CUSTODY/ANALYSIS REQUEST



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Project # / Job #:

Project # / Job #:	Sampled By:
Contact Name:	Project/Site Name:
Address:	Project/Site Address:
Phone #:	E-mail:

Sample #:	Sample Identification Details	Sample Serial Number	Sample Type: A=Air T=Tape V=Viable RODAC Plate		For Lab Use Only
			Date	Sample Type	Sample Numbers
___ 1					
___ 2					
___ 3					
___ 4					
___ 5					
___ 6					
___ 7					
___ 8					
___ 9					
___ 0					

Special Instructions/Requirements/Notes				

Date Submitted	Submitted By	Company	Received By	Good Condition
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No