QC LABORATORIES
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Phone: 215-355-3900 Fax: 215-355-7231

Pharmaceutical Microbiological Chain of Custody

Page__of__

LIMS ID:

Client/Account No:_____

Address:_____

City:_____

State, Zip:_____

Phone:_____

Fax:_____

Client Contact:_____

E-mail Address:_____

Comments / Preferred Methods:_____

LAB USE ONLY	
	Tested
Date	
Time	
Technician	

Sample Description	Date	Time	TAMC	TYMC	S. aureus	P. aeruginosa	E. coli	Salmonella	Coliform/100mL	Coliform P/A	Coliform/g/mL	C. albicans	Gram-Neg P/A	Gram-Neg g/mL	Bile-Tolerant	Enterobacteriaceae	PET Analysis	Suitability								pH	Water Activity	Moisture	TOC	Specific Gravity	Glucose

MICROBIOLOGICAL ANALYSES

CHEMISTRY

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8 AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER	DATE	TIME	RECEIVED BY	DATE	TIME	TEMP/ICED
1.			1.			
RELINQUISHED BY 2.	DATE	TIME	RECEIVED BY 2.	DATE	TIME	TEMP/ICED
RELINQUISHED BY 3.	DATE	TIME	RECEIVED BY 3.	DATE	TIME	TEMP/ICED
RELINQUISHED BY 4.	DATE	TIME	RECEIVED BY 4.	DATE	TIME	TEMP/ICED
RELINQUISHED BY 5.	DATE	TIME	RECEIVED BY 5.	DATE	TIME	TEMP/ICED

Lab Comments: