

U.S. Micro-Solutions, Inc.

302 Unity Plaza
Latrobe, PA 15650

P: 724-853-4047 F: 724-853-4049
supplies@usmslab.com



LABORATORY TEST REQUEST – CHAIN OF CUSTODY

Customer Name:	Phone #:	FAX #:	
Address:	City:	State:	Zip:
Attention To:	E-Mail:		
Sample Obtained By:	Results: <input type="checkbox"/> FAX <input type="checkbox"/> E-Mail	PO#	Proposal #
Project Name/Number:			
Turn-Around-Time: (Spore Trap & DME Only)*	Standard (48-72 hr) <input type="checkbox"/>	Next Day (24 hr, M-F) <input type="checkbox"/>	Same Day (6 hr, M-F) <input type="checkbox"/> 3-Hour (M-F) <input type="checkbox"/> Saturday <input type="checkbox"/>

Comments:

Sample #	Sample Date / Time	Sample Code	Analysis Code	Sample Location & Description	Sample Volume/Area

Relinquished By (Customer MUST sign)	Date & Time
Received By – Lab Use Only	Date & Time
	Lab #

Sample Code	
A	Air Plate
B	Bulk
ST	Spore Trap
S	Swab
W	Water
T	Tape
O	Other

Analysis Code			
DME	Direct Microscopic Exam	COL	Colilert – Presence/absence of <i>E. coli</i> , coliforms
SPT	Spore Trap <input type="checkbox"/> Allergenco-D <input type="checkbox"/> AirOCell <input type="checkbox"/> M5	HPC	Heterotrophic Plate Count
FUNG	Fungal Culture – Counts w/ Identification	MYC	Mycobacteria Culture
BACT	Bacterial Culture – Counts w/ Identification	STA	<i>Staphylococcus</i> / MRSA Culture
BACT24	Bacterial Culture (24 hr) - Counts w/ presence/absence of gram-negatives	DUO	Duodenoscope Culture
SSQT	Sewage Screen (quant) – Counts w/ Identification <i>E. coli</i> , coliforms, enterococci (fecal streptococci)	HCU	Heater/Cooler Water Culture <i>includes mycobacteria, HPC, coliforms, & P. aeruginosa</i>
SSQL	Sewage Screen (qualitative) – Presence/absence <i>E. coli</i> , coliforms, enterococci (fecal streptococci)	PSA	<i>Pseudomonas aeruginosa</i> Culture
SS24	Sewage Screen (24 hr) - Presence/absence <i>E. coli</i> , coliforms, enterococci (fecal streptococci)	IDS	Species Identification by MALDI-TOF



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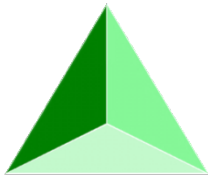
LABORATORY TEST REQUEST – CHAIN OF CUSTODY Additional Samples

Customer Name:

Project Name/Number:

Sample #	Sample Date / Time	Sample Code	Analysis Code	Sample Location & Description	Sample Volume/Area

Received By – Lab Use Only	Date & Time	Lab #
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**LABORATORY TEST REQUEST – CHAIN OF CUSTODY
Additional Samples**

Customer Name:

Project Name/Number:

Sample #	Sample Date / Time	Sample Code	Analysis Code	Sample Location & Description	Sample Volume/Area

Received By – Lab Use Only	Date & Time	Lab #
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