



U.S. Micro-Solutions, Inc. 302 Unity Plaza Latrobe, PA 15650 P: 724-853-4047 F: 724-853-4049 labcom@usmslab.com





# LABORATORY TEST REQUEST - CHAIN OF CUSTODY

Customer Name:					Phone #:	FAX #:				
Address:					City: State: Zip:					
Attention To:					E-Mail:					
Sample Obtained	Ву:				Results:					
Project Name/Nu	mber:							•		
Turn-Around-Tim (Spore Trap & DN			Standard (48-	-72 hr) Ne	ext Day (24 hr, M-F)  Same Day (6 hr, M-F)  3-Hour (M-F)			(M-F)	Saturday	
Comments:										
Sample #	Sai Date	mple / Time	Sample Code	Analysis Code	Sar	nple Location & Des	cription		Sample Volume/Area	
Relinquished By	(Customer	MUST sign)					Date 8	& Time		
Received By – Lab Use Only					Da	te & Time	Lab#			
Page 1 of 3	SAM	02.01 Form	n 3 v6 D	CR 22-005	Effec	tive 01-12-22				

Sample Code						
A Air Plate						
В	<b>B</b> Bulk					
ST Spore Trap						
S	Swab					
W	Water					
Т	Таре					
0	Other					

Analysis Code								
DME	Direct Microscopic Exam	COL	Colilert – Presence/absence of E. coli, coliforms					
SPT	Spore Trap ☐ Allergenco-D ☐ AirOCell ☐ M5	HPC	Heterotrophic Plate Count					
FUNG	Fungal Culture – Counts w/ Identification	MYC	Mycobacteria Culture (nontuberculous)					
BACT	Bacterial Culture – Counts w/ Identification	MRSA	Methicillin-resistant Staphylococcus aureus Culture					
BACT24	Bacterial Culture (24 hr) - Counts w/ presence/absence of gram-negatives	DUO	Duodenoscope Culture					
SS24	Sewage Screen (24 hr) - Presence/absence E. coli, coliforms, enterococci (fecal streptococci)	HCU	Heater/Cooler Water Culture includes nontuberculous mycobacteria and HPC					
IDS	Species Identification by MALDI-TOF	OPP	Opportunistic Pathogen Panel (or separate) PSA - Pseudomonas aeruginosa Culture					
BART	Microbially Influenced Corrosion Panel Iron-related, sulfate-reducing, slime-forming bacteria		BURK - Burkholderia cepacia complex Culture ACIN - Acinetobacter Culture					

<sup>\*</sup>All samples received after 1:00 p.m. Monday-Friday will be considered received the NEXT business day. Same Day and Next Day samples received on Saturday will be reported on Monday and Tuesday, respectively.





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# LABORATORY TEST REQUEST - CHAIN OF CUSTODY **Additional Samples**

Customer Name:						Project Name/Number:					
Sample #	Sample Sample Analysis Date / Time Code Code		Analysis Code	Sample Location & Description					Sample Volume/Area		
Received By – La	ah Use Only	,				ı	Date & Time			Lab#	
Nocered by - La	JO OGG OIII)						Date & Time			Lab #	





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# **LABORATORY TEST REQUEST – CHAIN OF CUSTODY Additional Samples**

Customer Name:						Project Name/Number:				
Sample #	Sample Sample Date / Time Code			Analysis Code		Sample Location & Description	Sample Volume/Area			
Descined Div	h Har Or I					Data 9 Time	1 ab #			
Received By – Lab Use Only						Date & Time	Lab#			