

Chain of Custody Form

Lis Biotech: Agility - Reliability - Accuracy

COC#

INTERNAL USE ONLY



Customer Information					
Name	NORMIPro Mgmt., LLC	Phone Number	877.251.5600	Email Address	labs@normipro.com
Payment Method	Online Order #: _____ Check Included: () Credit Card Info Included: (XX)				
Project Information					
Project Name	X	Sampled by	X	Sample Date	X
Project Address	X			Project Number	X
Pre-Remediation: ()		Progress: ()		Post- Remediation: () Evaluation: ()	

Sample kit provided by : Lis Biotech (x) My self ()

Test Required (Please fill this section with the sample(s) information)													
INTERNAL USE ONLY	Test FT = Fungiten H2 = HERTSMI-2 ET = Endotoxin					Sampling Method		Sample Processing Time STD = Standard (5 Days)					Sample Location(s)
	ERMI	FT	H2	ET	BacID	Cloth	VAC	Same Day	1D	2D	3D	STD	
		XX		XX	XX	XX						XX	X
	/	/	/	/	/	/	/	/	/	/	/	/	/

CUSTOMER COMMENTS:

INTERNAL use ONLY

Received by		Received Date		Due Date (*)	
-------------	--	---------------	--	--------------	--

(*) Samples processed on business days only

LIS COMMENTS