



Microbiology Chain of Custody

www.waypointanalytical.com

Company Name:		<u>A</u>	Accour	nt Num	ıber:	Ema	ail Addr	ess:								Date/Time	Prepared:	Notes:			
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Street Address:		Ci	City:			_	State:		Zip Code: Pho			one:		Fa	x: Date/Time Shipped:		Shipped:	.			
Sample ID:	Lab Number: (for lab use only)		E-coli	Fecal Coliform	Total Coliform	Standard Plate										Other					
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