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## Microbiology Chain of Custody

[www.waypointanalytical.com](http://www.waypointanalytical.com)

Company Name:	Account Number:	Email Address:	Date/Time Prepared:	Notes:
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Street Address:	City:	State:	Zip Code:	Phone:
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Sample ID:	Lab Number: (for lab use only)	Listeria	Listeria Monocytogenes	Salmonella	E-coli	E-coli O157:H7	Fecal Coliform	Total Coliform	Standard Plate Count	Coliform Plate Count	Swine Swab	Beef Swab	Anti-Microbial	Sterility	Other

Relinquished By:	Received By:	Date:	1
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Signature:	Signature:	Time:	
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Relinquished By:	Received By:	Date:	2
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Relinquished By:	Received By:	Date:	3
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Relinquished By:	Received By:	Date:	4
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