



Microbiology Chain of Custody

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Company Name:	-	Account Number: Email Address:													Date/Time Prepa	red:	Notes:			
Street Address:			City:			State:			Zip Code: Pho			ine:		Fax:	:	Date/Time Shipp	ed:			
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Sample ID:	Lab Number: (for lab use only)	Listeria	Listeria Monocytogenes	Salmonella	E-coli	E-coli 0157: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			Relinquished By:				Rece	ived By:		Date:	3	
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Signature:			Signature:						Time:			Signature:				Signa	ature:		Time:	
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