AVALON LABORATORIES	CHAIN OF CUSTODY - MICROBIOLOGY	FORM #: C-0003	APPROVED: AT/SW
		ISSUE: January 11, 2018 *Rev: 10*	PAGE: 1 of 1

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Paradise, NL
A1L 4A2

CUSTOMER INFORMATION

Page _____ of _____

Customer Name: _____

Address: _____

_____

Phone: _____

Report To: _____

Submitted By: _____

Project #: _____

Quotation #: _____

P.O. #: _____

Invoice To: _____

	Sample ID, Serial # and Location	Date/Time Collected (Mandatory)	No. of Containers	Required Water Info: Salt Water ☐Chlorinated ☐Unchlorinated	Required Water Info: Fresh Water ☐Chlorinated ☐Unchlorinated	ANALYSIS REQUESTED: Standard Plate Count ☐22°C ☐30°C ☐35°C	Standard Plate Count (Petrifilm)	Total & Fecal Coliforms (MPN)	E. coli (MPN)	Total Coliform & E. coli (Petrifilm)	Total & Fecal Coliforms (MF)	E. coli (MF)	Fecal Coliforms (AI)	Staphylococcus aureus	Salmonella (P/A) ☐Traditional ☐VIDAS	Listeria (P/A) ☐Traditional ☐VIDAS (L. spp) ☐VIDAS (L. mono)	Listeria Enumeration	Campylobacter (P/A)	Vibrio (P/A)	Vibrio Enumeration	Enterobacteriaceae (Petrifilm)	Enterococcus	Anaerobe – Vegetative	Anaerobe - Sporulative	Yeast & Molds (Petrifilm)	Bacillus spp	Salt Content	pH	Air Settling Plates	Moisture Content	Crude Fat	Dry Ash	Protein	Comments
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2																																	
3																																	
4																																	
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For Internal Use Only:

Received by:	Date / Time:	Arrival Temperature:	Condition:	Project No.: