

Microbiological Product Testing Chain of Custody Submission Form

Sample ID (LAB ONLY) M__20__	Type (LAB ONLY) FP IP RM	Sample Size/ Container	Sample Name	Lot/ Formula No.	Specification □ < 100 □ other:	TESTING TYPE				
						APC	Y/M	LACTO	EN	Special Request/ Other:
	FP IP RM				□ < 100 □ other:	□	□	□	□	
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	FP IP RM				□ < 100 □ other:	□	□	□	□	
TEST STARTED (LAB ONLY) Initials/Date:	COMMENTS					<input type="checkbox"/> SAMPLE RETURN (NOTE: Samples will only be retained up to 7 days after receipt.)				
Billing/ PO No.										
CUSTOMER AGREES TO REQUESTED ANALYSIS & FEES FOR THE PRODUCTS LISTED ABOVE. If USP <62> is requested, note that Microconsult, Inc. performs a modified version of this test that excludes bile tolerant and Clostridium species test. Those tests may be requested at an additional cost.						Phone No.				
Company Name				Company Contact			Email Address			
Signature/Date					Reviewed By Signature/Date					