

SPECIAL STUDY TESTING CHAIN OF CUSTODY SUBMISSION FORM

MICROORGANISM NAME	ATCC #	ACTIVE INGREDIENTS	TEST TYPE
			<input type="checkbox"/> Minimum Inhibition Concentration
			<input type="checkbox"/> Zone of Inhibition
			<input type="checkbox"/> Kill Rate (Time-Kill)
			Intervals:

Complete sample information below to be included on the result report.

PRODUCT NAME	
SAMPLE SIZE	LOT/FORMULA No.
SPECIAL HANDLING <input type="checkbox"/> N/A <input type="checkbox"/>	
COMMENTS	

CUSTOMER AGREES TO REQUESTED ANALYSIS ABOVE & FEES FOR THE PRODUCT LISTED ABOVE.		BILLING/ PO NO.
COMPANY NAME	PHONE NO.	
COMPANY CONTACT	EMAIL ADDRESS	
SIGNATURE/DATE	REVIEWED BY SIGNATURE/DATE	

DO NOT write below - FOR LAB USE ONLY

<i>Sample Received By/Date:</i>	<i>Lab Number Assigned (if any)</i>
<i>Special Study ID Number:</i>	
<i>Test Completed By/Date:</i>	<i>Reviewed By/Date:</i>