

## Forensic Analytical LABORATORIES

## Microbial Analysis Request Form (COC) – Food Services

Company:						Client No.	ent No.:		Date:		
Street:			City:			State:		Zip:			
Contact: Phone:		Phone:		Fax:		E-mail:					
Site:					PO / Job#:						
Comments:											
Turn Around Time:			Due Date: Due Time:				Report Via: ☐ Email ☐ Verbal				
Sample ID	Date / Time		Sample Location / Substrate	Area / Volume			Analysis Requested				
Sampled By: Date:							Time:				
Shipped Via: □ Fed Ex □ DHL □ A	irborne (	J UPS	☐ US Mail ☐ Courier	☐ Drop Off	☐ Oth	er:					
Relinquished By:	Relinquished By:				Relinquished By:						
Date / Time:	Date / Time:				Date / Time:						
Condition Acceptable? ☐ Yes ☐ No Received By:			Condition Acceptable? ☐ Yes ☐ No Received By:				Condition Acceptable? ☐ Yes ☐ No Received By:				
Date / Time:			Date / Time:				Date / Time:				
Condition Acceptable? ☐ Yes ☐ No	Condition Acceptable? ☐ Yes ☐ No				Condition Acceptable? ☐ Yes ☐ No						

Forensic Analytical Laboratories may subcontract client samples to other FALI locations to meet client requests.