

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

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| Company: | | | | | | | | | | Client No.: | | | | Date: | |
| Street: | | | | | | | | City: | | | | | State: | | Zip: |
| Contact: | | 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 | | | | | | |
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| Sampled By: | | | | | | | Date: | | | | Time: | | | | |
| Shipped Via: ❒ Fed Ex ❒ DHL ❒ Airborne ❒ UPS ❒ US Mail ❒ Courier ❒ Drop Off ❒ Other: | | | | | | | | | | | | | | | |
| Relinquished By:  Date / Time:  Condition Acceptable? ❒ Yes ❒ No | | | | Relinquished By:  Date / Time:  Condition Acceptable? ❒ Yes ❒ No | | | | | | | Relinquished By:  Date / Time:  Condition Acceptable? ❒ Yes ❒ No | | | | |
| Received By:  Date / Time:  Condition Acceptable? ❒ Yes ❒ No | | | | Received By:  Date / Time:  Condition Acceptable? ❒ Yes ❒ No | | | | | | | Received By:  Date / Time:  Condition Acceptable? ❒ Yes ❒ No | | | | |
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| Los Angeles Office: 20535 South Belshaw Ave., Carson, California 90746 / Telephone: (310) 763-2374 (888)813-9417 / Fax: (310) 763-4450 | | | | | | | | | | | | | | | |
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