

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

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

SGS Built Environment may subcontract client samples to other SGS locations to meet client requests.