 **PCR Microbial Analysis Request Form (COC)**

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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 | FOR AIR SAMPLES ONLY | Sample Area / | Sample Type | PCR Panel(s) RequestedorCustom Panel |
| TimeOn/Off | Avg.LPM | Total Time | Air Volume |
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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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