



PCR Microbial Analysis Request Form (COC)

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: <input type="checkbox"/> Email <input type="checkbox"/> Verbal			
Sample ID	Date / Time	Sample Location / Substrate	FOR AIR SAMPLES ONLY			Sample Area / Air Volume	Sample Type	PCR Panel(s) Requested or Custom Panel			
			Time On/Off	Avg. LPM	Total Time						
Sampled By:					Date:			Time:			
Shipped Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> DHL <input type="checkbox"/> Airborne <input type="checkbox"/> UPS <input type="checkbox"/> US Mail <input type="checkbox"/> Courier <input type="checkbox"/> Drop Off <input type="checkbox"/> Other:											
Relinquished By:			Relinquished By:				Relinquished By:				
Date / Time:			Date / Time:				Date / Time:				
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Received By:			Received By:				Received By:				
Date / Time:			Date / Time:				Date / Time:				
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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