Note: If emailing this form, please remember that this document must be signed and submitted with the samples as well. Email Reset

SGS FORENSIC LABORATORIES

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: ❒ Email ❒ 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: ❒ 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

SGS Forensic Laboratories may subcontract client samples to other SGSFL locations to meet client requests.
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