



Chain of Custody

LAB 797, LLC
200 E. 7th Street Suite 204
Loveland, CO 80537
(970) 612-1970

For LAB use only: Sample ID # _____ Date Received _____
Remarks _____

Tracking # _____

Client Reporting Information:
Name of Facility _____
Address _____
City _____ State _____ Zip _____
Contact name _____
Phone _____ Email _____

Client Billing Information: Please check if same as Client Reporting Information
Name of Facility _____
Address _____
City _____ State _____ Zip _____
Contact name _____
Phone _____ Email _____

Type of Media/Plate being submitted (please check one)
 TSA Settling Plate TSA Surface Plate TSA Personnel Plate MEA Settling Plate MEA Surface Plate Media Fill

Lot No. _____ Expiration Date _____ Date samples were taken _____

For samples incubated before submission (**ID Only Samples**) please note: Hours incubated: _____ Incubation Temperature: _____ °C ID Only

Plate ID #	Sampling Description	ISO Class	Plate ID #	Sampling Description	ISO Class
1	_____	_____	6	_____	_____
2	_____	_____	7	_____	_____
3	_____	_____	8	_____	_____
4	_____	_____	9	_____	_____
5	_____	_____	10	_____	_____

Submitted By: _____ Date: _____