



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 _____

☐ Check Box For Dual Incubation (Incubate at 30-35 C, then 20-25 C)

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: _____