



Food Microbiology Chain of Custody

LATesting Order ID (Lab Use Only):

LA TESTING
 159 PASADENA AVE.
 S. PASADENA, CA 91030
 PHONE: (323) 254-9960
 FAX: (323)254-9982

Company :		EMSL-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**	
Street:		<i>Third Party Billing requires written authorization from third party</i>	
City:	State/Province:	Zip/Postal Code:	Country:
Report To (Name):		Fax #:	
Telephone #:		Email Address:	
Project Name/Number:			
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email		Purchase Order:	
		U.S. State Samples Taken:	
<small>*Analysis completed in accordance with EMSL's Terms and Conditions located in the Price Guide</small>			

Sample Matrix						
<input type="checkbox"/> Solid	<input type="checkbox"/> Raw	<input type="checkbox"/> Processed	<input type="checkbox"/> Packaged	<input type="checkbox"/> Liquid	<input type="checkbox"/> Surface (Swab/Sponge)	<input type="checkbox"/> Other:
<small>*Please Contact Laboratory Prior to Sample Submittal for Sample/Shipping Requirements*</small>						
<small>*Confirmation charges may apply; please contact lab if you have questions*</small>						

Food Analysis	
<input type="checkbox"/> Standard Panel <small>(Includes: APC, Coliform/E. coli, Staph. aureus, Yeast & Mold)</small> Individual Parameters <input type="checkbox"/> Aerobic Plate Count <input type="checkbox"/> Yeast & Mold <input type="checkbox"/> Total Coliform/E. coli <input type="checkbox"/> <i>Enterobacteriaceae</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> (coag+) <input type="checkbox"/> <i>Salmonella</i> (P/A) <input type="checkbox"/> Rush TAT (24-48hrs)* <input type="checkbox"/> <i>Listeria</i> (P/A) <input type="checkbox"/> Rush TAT (24-48hrs)* <input type="checkbox"/> <i>E. coli</i> O157:H7 (P/A) <input type="checkbox"/> Rush TAT (24-48hrs)* <i>Pseudomonas</i> <input type="checkbox"/> P/A <input type="checkbox"/> CFU <input type="checkbox"/> Other: <small>(Contact lab prior to sample submittal for availability)</small>	Expected Values/Acceptable Ranges: Check all that Apply <input type="checkbox"/> 10 ⁻¹ <input type="checkbox"/> 10 ⁻² <input type="checkbox"/> 10 ⁻³ <input type="checkbox"/> 10 ⁻⁴ <input type="checkbox"/> 10 ⁻⁵ <input type="checkbox"/> 10 ⁻⁶ <input type="checkbox"/> 10 ⁻⁷ <input type="checkbox"/> 10 ⁻⁸ Other Special Considerations:

Note: Default Dilutions for all quantitative tests are 10⁻¹ unless otherwise noted by client or per previous arrangements. No additional charge for additional dilutions. Composite charges may apply. Call with any questions. *Rush charges may apply. Samples must be received by 10:00am to comply with Rush requests, unless otherwise arranged.

Please Sign and Submit the attached Sub-Analysis Agreement with your Samples

Sample #	Sample Description/Location	Comments

Client Sample #'s	-	Total # of Samples:			
Relinquished (Client):		Date:		Time:	
Received (Lab):		Date:		Time:	
Relinquished:		Date:		Time:	
Received (Lab):		Date:		Time:	
**Comments:					



Sub-Analysis Agreement

Depending upon logistics, methodology or availability, it may be necessary for the samples you submitted to be analyzed at a different laboratory. Should that contingency occur, the undersigned agrees to the following terms:

1. In the event that the LATesting facility where the samples were initially received is unable to perform the testing specified on the COC, LATesting will transfer the samples to a laboratory (EMSL Analytical, Inc. or other) that is currently approved for the parameter being tested.
2. LATesting will observe strict chain-of-custody procedures when sending and receiving samples.
3. The analyzing laboratory will follow accepted, certified methods for the analysis, and will report the results to LATesting in writing, using accepted formats.
4. LATesting will, insofar as possible, meet all promised turnaround times, however, we cannot be held responsible for delays due to trans-shipment or other problems outside of our control.
5. Customer agrees to these terms as a condition of submitting these samples to LATesting.

Name _____ Date _____

Company/Title _____

***Please sign upon receipt and submit with samples or fax to:
Attn: Food Microbiology Department @ (323) 254-9982***



Food Chemistry Chain of Custody

EMSL Order ID (Lab Use Only):

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 159 PASADENA AVE.
 S. PASADENA, CA 91030
 PHONE: (323) 254-9960
 FAX: (323) 254-9982

Company :		EMSL-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different <small>If Bill to is Different note instructions in Comments**</small>	
Street:		<i>Third Party Billing requires written authorization from third party</i>	
City:	State/Province:	Zip/Postal Code:	Country:
Report To (Name):		Fax #:	
Telephone #:		Email Address:	
Project Name/Number:			
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email		Purchase Order:	U.S. State Samples Taken:

Turnaround Time (TAT) Options* - Please Check	
Any Parameter	Allergen TAT Options
<input type="checkbox"/> 2 - 3 Weeks	<input type="checkbox"/> 6 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> 10 Days
<small>*Analysis completed in accordance with EMSL's Terms and Conditions located in the Price Guide</small>	
Sample Matrix	
<input type="checkbox"/> Solid	<input type="checkbox"/> Raw <input type="checkbox"/> Processed <input type="checkbox"/> Packaged <input type="checkbox"/> Liquid <input type="checkbox"/> Other (Please explain)
Please Contact Laboratory Prior to Sample Submittal for Sample/Shipping Requirements	

Food Chemistry Analysis

Nutritional Parameter*	Other Requested Parameters ¹	
<input type="checkbox"/> Protein <input type="checkbox"/> Vitamin A <input type="checkbox"/> Moisture <input type="checkbox"/> Vitamin C <input type="checkbox"/> Fat Profile (total fat, saturated fat, monounsaturated fat, trans fat from fatty acids) <input type="checkbox"/> Sugar Profile (fructose, glucose, sucrose, maltose, lactose) <input type="checkbox"/> Ash <input type="checkbox"/> Cholesterol <input type="checkbox"/> Fiber, Total Dietary <input type="checkbox"/> Calories by calculation** <input type="checkbox"/> Sodium <input type="checkbox"/> Carbohydrates by calculation** <input type="checkbox"/> Calcium <input type="checkbox"/> Calories from Fat <input type="checkbox"/> Iron <input type="checkbox"/> Camera Ready Facts Panel (requires Complete Nutritional Analysis) <input type="checkbox"/> Complete Nutritional Analysis (includes all Parameters Above)	<input type="checkbox"/> pH <input type="checkbox"/> ORAC (Anti-Oxidant) Hydro & Lipo <input type="checkbox"/> Pet Food (Protein, Moisture, Crude Fat, Crude Fiber) <th style="text-align: center;">Allergens</th> <input type="checkbox"/> Peanut <input type="checkbox"/> Egg <input type="checkbox"/> Gliadin <input type="checkbox"/> Almond <input type="checkbox"/> Soy Flour <input type="checkbox"/> Hazelnut <input type="checkbox"/> Total Milk <input type="checkbox"/> Other (explain):	Allergens

*Content per 100g, content per serving, % RDI (actual and rounded) and % DV(based on 2000 kcal) provided where applicable. Serving size and ingredient declaration may be required
 ** Carbohydrate and Calorie content require analysis of: Protein, Moisture, Fat and Ash

¹Contact Lab prior to Sample Submittal for Pricing and Availability

Please sign and Submit the attached Sub-Analysis Agreement with your Samples

Sample #	Sample Description	Ingredient Declaration	Serving Size

Client Sample #'s: -	Total # of Samples:
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Relinquished (Client):	Date:	Time:
Received (Lab):	Date:	Time:
Relinquished:	Date:	Time:
Received (Lab):	Date:	Time:

****Comments:**

Sub-Analysis Agreement

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