



EMSL ANALYTICAL, INC.  
LABORATORY • PRODUCTS • TRAINING

# Food Microbiology Chain of Custody

EMSL Order ID (Lab Use Only):

EMSL ANALYTICAL, INC.  
107 HADDON AVE  
WESTMONT, NJ 08108  
PHONE: (856) 858-4800  
FAX: (856) 858-0648

Company :		EMSL-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**	
Street:		Third Party Billing requires written authorization from third party	
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:
*Analysis completed in accordance with EMSL's Terms and Conditions located in the Price Guide			

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:
*Please Contact Laboratory Prior to Sample Submittal for Sample/Shipping Requirements*						
*Confirmation charges may apply; please contact lab if you have questions*						

Food Analysis	
<input type="checkbox"/> Standard Panel (Includes: APC, Coliform/ <i>E. coli</i> , <i>Staph. aureus</i> , Yeast & Mold)	<b>Expected Values/Acceptable Ranges: Check all that Apply</b> <input type="checkbox"/> 10 <sup>-1</sup> <input type="checkbox"/> 10 <sup>-2</sup> <input type="checkbox"/> 10 <sup>-3</sup> <input type="checkbox"/> 10 <sup>-4</sup> <input type="checkbox"/> 10 <sup>-5</sup> <input type="checkbox"/> 10 <sup>-6</sup> <input type="checkbox"/> 10 <sup>-7</sup> <input type="checkbox"/> 10 <sup>-8</sup>
<b>Individual Parameters</b> <input type="checkbox"/> Aerobic Plate Count <input type="checkbox"/> Yeast & Mold <input type="checkbox"/> Total Coliform/ <i>E. coli</i> <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: (Contact lab prior to sample submittal for availability)	
Other Special Considerations:	

Note: Default Dilutions for all quantitative tests are 10<sup>-1</sup> unless otherwise noted by client or per pervious 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 EMSL Analytical, Inc. facility where the samples were initially received is unable to perform the testing specified on the COC, EMSL Analytical, Inc. will transfer the samples to a laboratory (EMSL or other) that is currently approved for the parameter being tested.
2. EMSL Analytical, Inc. 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 EMSL Analytical, Inc. in writing, using accepted formats.
4. EMSL Analytical, Inc. 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 EMSL Analytical, Inc.

Name \_\_\_\_\_ Date \_\_\_\_\_

Company/Title \_\_\_\_\_

***Please sign upon receipt and submit with samples or fax to:  
Attn: Food Microbiology Department @ (856) 858-0648***



EMSL ANALYTICAL, INC.  
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# Food Chemistry Chain of Custody

EMSL Order ID (Lab Use Only):

EMSL ANALYTICAL, INC.  
107 HADDON AVE  
WESTMONT, NJ 08108  
PHONE: (856) 858-4800  
FAX: (856) 858-1580

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

<b>Turnaround Time (TAT) Options* - Please Check</b>	
<b>Any Parameter</b>	<b>Allergen TAT Options</b>
<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>	
<b>Sample Matrix</b>	
<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 <sup>1</sup>
<input type="checkbox"/> Protein <input type="checkbox"/> Vitamin A <input type="checkbox"/> Moisture <input type="checkbox"/> Vitamin C <input type="checkbox"/> <b>Fat Profile</b> (total fat, saturated fat, monounsaturated fat, trans fat from fatty acids) <input type="checkbox"/> <b>Sugar Profile</b> (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"/> <b>Camera Ready Facts Panel</b> (requires Complete Nutritional Analysis) <input type="checkbox"/> <b>Complete Nutritional Analysis (includes all Parameters Above)</b>	<input type="checkbox"/> pH <input type="checkbox"/> ORAC (Anti-Oxidant) Hydro & Lipo <input type="checkbox"/> <b>Pet Food</b> <small>(Protein, Moisture, Crude Fat, Crude Fiber)</small> <hr/> <p style="text-align: center;"><b>Allergens</b></p> <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"/> <b>Other (explain):</b>

\*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

**<sup>1</sup>Contact 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

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

**\*\*Comments:**



## Sub-Analysis Agreement

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Name \_\_\_\_\_ Date \_\_\_\_\_

Company/Title \_\_\_\_\_

***Please sign upon receipt and submit with samples or fax to:  
Attn: Food Microbiology Department @ (856) 858-1580***