



Chain of Custody Record

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Company Name:	Job Site / Your Client:	Page ____ of ____
Company Address:	Job Site Address:	Sampled By:
Company City, State, Zip:	Job Site City, State, Zip:	Sample Date:
Phone:	Email:	Purchase Order Number:

EST Batch Number: & Login Initials		Legionella Processing and Sample Type (check all that apply)				Other Bacteria Testing		Microbial Corrosion & Algae Tests					Other										
EST USE ONLY	FOR EACH SUBMITTED SAMPLE: Assign a unique sample number and write this number on the bottle/swab Record each Sample # on a row below and record a Sample Site description Check <input checked="" type="checkbox"/> all applicable boxes in each section to the right for each sample Fill out separate COC forms for job sites/samples requiring separate reports	Standard	RUSH 96 Hour	New York ELAP	L. pneumophila Only - Legiolert	Non-potable Water / Cooling Tower	Potable Water	Water / Bulk-liquid	Swab	HPC - Aerobic Bacteria Count	Anaerobic Bacteria Count	Total Coliform/E.coli Screen	PATHOGEN Combo SCREEN	Acid Producing Bacteria	Denitrifying Bacteria	Iron Related Bacteria	Slime Forming Bacteria	Sulfate Reducing Bacteria	Fluorescent Pseudomonas	Nitrifying Bacteria	Algae		
	Sample #																					Sample Site	

Note: Overnight shipping for Legionella is recommended; 2nd day arrival at lab is acceptable per ISO11731:2017. E. coli samples must be shipped overnight on cold packs (not ice) to prevent false negative results.

Sampling Notes & Comments:	Samples Relinquished By:	Date/Time
	Received at EST By:	Date/Time