



3310-C Gilmore Industrial Boulevard
Louisville, KY 40213

Email: Labs@zenith-laboratories.com
Phone: (502) 965-0971

Microbiological Analyses - Chain of Custody Form

Client: _____
 Contact: _____
 Project Description: _____
 Collection Address: _____

 City: _____ State: _____ Zip Code: _____

Contact Phone: _____
 Contact Email: _____
 Project Number: _____
 Purchase Order No: _____

Documentation Delivery:

- Client Contact Email
- Alternate Email:

Analysis Code	Description & Sample Types	Available Turn-Around-Times (TAT)
EM 201A-F	Fungal Culturable Analysis – Counts Only – Swab & Contact Plate Samples	Standard: 1 Week
EM 201B-F	Fungal Culturable Analysis – Counts & Identification (3 – IDs) – Swab & Contact Plate Samples	Standard: 2 Week
EM 201A-B	Bacterial Culturable Analysis – Counts Only – Swab & Contact Plate Samples	Standard: 1 Week
EM 201B-B	Bacterial Culturable Analysis – Counts & Identification (3 – IDs) – Swab & Contact Plate Samples	Standard: 2 Week
EM 202	Candida Auris Detection – Counts & Identification – Swab & Contact Plate Samples	Standard: 1 Week
EM 203	Gram Stain – Bacterial Gram Screen – Swab & Contact Plate Samples	Standard: 1 Week
EM 304-B	Bioburden/Microbial Content – Bacterial Enumeration (Variable Sample Type/Matrix)	Standard: 1 Week
EM 304-F	Bioburden/Microbial Content – Fungal Enumeration (Variable Sample Type/Matrix)	Standard: 1 Week
EM 304-Y	Bioburden/Microbial Content – Yeast Enumeration (Variable Sample Type/Matrix)	Standard: 1 Week
EM 206	Total Coliform and E. coli Testing – ≥100mL Water Sample	Standard: 1 Week
EM 207	Heterotrophic Plate Count (HPC) – ≥50mL Water Sample	Standard: 2 Week
EM 208	Legionella Testing: Culture-based Methods – ≥1000mL Water Sample	Standard: 1 Week
EM 209	Legionella Testing: PCR-based Methods – ≥1000mL Water Sample	Standard: 1 Week

Sample ID	Sample Location/Description	Sample Date/Time	Sample Volume	Sample Type	Requested Analysis (Code)	Requested TAT

Laboratory Use Only	
Receipt Condition:	
Temperature:	
LIMS ID No.:	

Sampled By (Client): _____ Date: _____ Time: _____
 Relinquished By (Client): _____ Date: _____ Time: _____
 Received By (Laboratory): _____ Date: _____ Time: _____



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