

			Microbiology - Coliform Chain of Custody			Job Number			Page ____ of ____						
Company Name :			Street Address:		City, State, ZIP Code		Email for Reports:								
Contact Name:			Phone #:		Quote #		Email for Invoice:								
Project Name/Number:					Purchase Order:		Commercial ☐ Residential ☐ Public Water Supply ☐		New Jersey State Samples? ☐ Yes Other? Please specify state:						
Sampling Location Address:					City, State, Zip Code		Sampler Name:		Sampler Signature:						
TAT Requested: ☐ Standard (10 Business Days) ☐ (5 Business days) ☐ (3 Business days) ☐ Rush (48 hours)			Condition upon Receipt: Temperature ____°C Temperature Blank Y / N Samples received at ≤10°C, not frozen Y / N Ice present Y / N or evidence of cooling Y / N Seals Intact: Y / N / Not present			Holding Times: Total Coliform / E. coli DW/Potable (Colilert P/A) 30 Hrs. E. coli NPW/WW (Colilert MPN) 6 Hrs. *Lab reserves the right to use either Colilert or Colilert-18 unless pre-arranged. Legionella analysis- use IRIS Legionella COC.									
MPN= Most Probable Number, P/A = Presence/Absence			Matrix: P= Potable, DW= Drinking water NPW= non-potable water, WW= Wastewater			Laboratory Information					Field Parameters				
Date Collected:			Number of Samples:			Sample Type – Matrix	100 ml Sterile Bottle	100 ml Sterile with Sodium Thiosulfate					Chlorine, Residual	PH	Temperature
Lab Sample Number	Collection Time	Client ID	Sample Location/Description	Analysis requested P/A or MPN											
Iris Environmental Laboratories NELAP # 20045 2333 US Highway 22 West Union, NJ 07083 www.irislaboratories.com (908) 206-0073			Relinquished By:				Date:								
			Received By:				Date and Time:								

Controlled Document – COC Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to constitutes acceptance and acknowledgement of all terms and conditions by the customer.