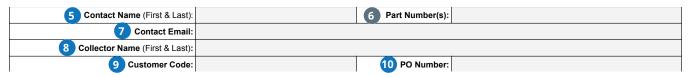


Chain of Custody Form Guide

CHAIN OF CUSTODY FORM

	(Please complete all fields. Missing information may result in an incomplete report.)						
Company/Organization Name:							
2 Facility Name:							
3 Sample Date:	4 Number of Samples:						

- *1. Company/Organization Name: Company or organization name. Can also be the phiAnalytics organization.
- *2. Facility Name: Facility or building where samples were collected.
- *3. Sample Date: Date of sample collection. Ensures samples are within hold time.
- **4. Number of Samples:** Total number of samples submitted for processing. Used to verify the number of samples submitted for processing.

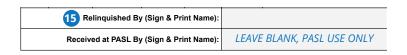


- 5. Contact Name (First & Last): Who can be contacted with questions regarding CoC.
- *6. Part Number(s): Phigenics part number for test method. Unless otherwise specified in the notes all samples will be analyzed according to the part number(s) in this field.
- 7. Contact Email: Where questions regarding the sampling event and CoC will be sent to.
- 8. Collector Name: Who collected the samples. Can be more than one person. Initials of the collector can be used below.
- **9. Customer Code:** Alphanumeric Phigenics internal customer ID/code/number.
- 10. PO Number: Purchase Order or payment method that will be invoiced for samples.
- **11. Water Type:** Used to designate type of water sampled. Informs how samples are processed.

N	/ater Type Key	
P: Potable NP: Non-Potable D: Dental	HD: Hemodialysis C: Critical (Sterile Processing) U: Utility (Sterile Processing)	

- **12.** Hazard Control (optional): Used for the documentation of hazard control during sample collection.
- **13. Retest:** Designates if sample is a retest.
- **14. Notes:** To be used for sampling event. Notes are excluded from the final report sample description.
- **15.** Relinquished By (Sign & Print Name): A signature and printed name are requirements for a complete Chain of Custody.
- **16. Sample Ship Date:** To be filled out by the "Relinquished By" individual.

	11		Optional			13		14	
Fixture Type (ex. Sink, Shower)	Water Type (Use key)	Hot / Cold	TEMP. (°F)	FRO (Free Residual Oxidant)	TRO (Total Residual Oxidant)	рН	PASL # Lab use only	Retest (Mark with "X")	Notes





CORE FOUR - Requirement for sample processing to begin on the day of receipt. If information is missing, samples will not be processed.



