

CHAIN OF CUSTODY FORM

(Please complete all fields. Missing information may result in an incomplete report.)

1 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):	6 Part Number(s):
7 Contact Email:	
8 Collector Name (First & Last):	
9 Customer Code:	10 PO Number:

- 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.

Water Type Key	
P: Potable	HD: Hemodialysis
NP: Non-Potable	C: Critical (Sterile Processing)
D: Dental	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.

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

15 Relinquished By (Sign & Print Name):	
Received at PASL By (Sign & Print Name):	LEAVE BLANK, PASL USE ONLY

16 Sample Ship Date:	
Received Date:	LEAVE BLANK, PASL USE ONLY

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