



PHIGENICS ANALYTICAL SERVICES LABORATORY

www.phigenics.co

CDC ELITE Certified

Version Date: 1/1/2023

Water Type Key

P: Potable, NP: Non-Potable, D: Dental, HD: Hemodialysis, C: Critical (Sterile Processing), U: Utility (Sterile Processing)

CHAIN OF CUSTODY FORM

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

Form header section with fields: Company/Organization Name, Facility Name, Sample Date, Number of Samples, Contact Name, Part Number(s), Contact Email, Collector Name, Customer Code, PO Number.

Main data table with columns: Field ID #, Collector Initials, Campus, Bldg, Floor #, Rm #, Description, Fixture Type, Water Type, Hot / Cold, TEMP. (°F), FRO (Free Residual Oxidant), TRO (Total Residual Oxidant), pH, PASL #, Retest, Notes.

Signature and date section with fields: Relinquished By (Sign & Print Name), Sample Ship Date, Received at PASL By (Sign & Print Name), Received Date.

Field ID #	Collector Initials	Campus	Bldg	Floor #	Rm #	Description	Fixture Type (ex. Sink, Shower)	Water Type (Use key)	Hot / Cold	TEMP. (°F)	FRO (Free Residual Oxidant)	TRO (Total Residual Oxidant)	pH	PASL # <i>Lab use only</i>	Retest (Mark with "X")	Notes
Relinquished By (Sign & Print Name):											Sample Ship Date:					
Received at PASL By (Sign & Print Name):											Received Date:					

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