



**Chain of Custody Record**

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Company Name:	Job Site / Your Client:	Page ____ of ____
Company Address:	Job Site Address:	Sampled By:
Company City, State, Zip:	Job Site City, State, Zip:	Sample Date:
Phone:	Email:	Purchase Order Number:

EST Batch Number: & Login Initials		Legionella Testing	Bacteria Testing	Microbial Corrosion (MIC) Testing																				
<input type="checkbox"/> EST bottles + Sodium thiosulfate <input type="checkbox"/> Customer bottles <input type="checkbox"/> Samples shipped on ice packs <input type="checkbox"/> Transit Delay or other issue; See Notes		<b>RUSH Cultured 96 Hour</b> <b>Cultured Potable Water</b> <b>Cultured Non-potable Water</b> <b>RUSH vPCR * 4 Hour</b> <b>vPCR * Potable Water</b> <b>vPCR * Non-Potable Water</b>	Swab HPC – Aerobic Bacteria Count Anaerobic Bacteria Count Total Coliform/E.coli Screen Pseudomonas aeruginosa Screen Waterborne PATHOGEN SCREEN	Acid Producing Bacteria Denitrifying Bacteria Iron Related Bacteria Slime Forming Bacteria Sulfate Reducing Bacteria Fluorescent Pseudomonas Nitrifying Bacteria Algae																				
EST USE ONLY  <b>FOR EACH SUBMITTED SAMPLE:</b> <ul style="list-style-type: none"> <li>Assign a unique sample number and write this number on the bottle/swab.</li> <li>Record each Sample # on a row below and record a Sample Site Description</li> <li>Check <input checked="" type="checkbox"/> all applicable boxes in each section to the right for each sample.</li> <li>Fill out separate COC forms for job sites/samples requiring separate reports.</li> <li>Overnight shipping for Legionella is recommended; 2<sup>nd</sup> day acceptable per ISO11731:2017.</li> <li><i>E. coli</i> and Endotoxin samples must be shipped overnight on cold packs (no ice).</li> <li>Sign below and date to document relinquishing samples.</li> </ul>	<table border="1"> <thead> <tr> <th>Sample #</th> <th>Sample Site Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Sample #	Sample Site Description																					
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Transit Delay Sample Processing Approval by Customer/Initials \_\_\_\_\_ or Customer notified by EST/Initials \_\_\_\_\_  Phone  Email Date \_\_\_\_\_ Response Date \_\_\_\_\_ Contact Name \_\_\_\_\_ Authorized to  Process  Destroy

Notes:	Samples Relinquished By:	Date/Time
	Received at EST By:	Date/Time

\*vPCR Molecular Testing. Reports in CFU/mL the following analytes: *Legionella pneumophila* SG1 & *Legionella pneumophila* SG2-15