



LisBiotech

Chain of Custody Form

COC #

INTERNAL use ONLY

Customer Information

Name	Address	
Phone Number	Email Address	
Payment Method	Online Order #: _____ Check Included: () Credit Card Info Included: ()	

Project Information

Project Name	Project Address	(If different than customer address)
Sampled by	Sample Date	
Pre-Remediation: () Progress: () Post- Remediation: ()		

Sample kit provided by: Lis Biotech () My self ()

Test Required

INTERNAL USE ONLY	Test <i>FT = Fungi-Ten H2 = HERTSMI-2 ET = Endotoxin</i>				Sampling Method			TAT (Turnaround Time) <i>SD = Same Day STD = Standard (5 Days)</i>					Sample Location	
	ERMI	FT	H2	ET	Cloth	VAC	Swab	SD	1D	2D	3D	STD		

CUSTOMER COMMENTS:

INTERNAL use ONLY

Received by	Received Date	Due Date (*)
-------------	---------------	--------------

(*) Samples processed on business days only

LIS COMMENTS

Please send your samples to: **4242 Medical Drive, Building 7, Suite 7325, San Antonio Texas, 78229.**

Questions? Contact Us: support@lisbt.com

(210) 310 - 3089

www.lisbiotech.com