

CHAIN OF CUSTODY ACCUGEN LABORATORIES, INC.

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SPONSOR: _____ **DATE:** _____

ADDRESS: _____

CONTACT: _____

E-MAIL: _____

PHONE: _____ **FAX:** _____

PROJECT: TRSA **TRSA E-MAIL:** afreeman@trsa.org

TEST ORDERED	SAMPLE ID	Lot #
RODAC USP 62		
RODAC USP 62		
RODAC USP 62		
RODAC USP 62		

HYGIENICALLY CLEAN PROGRAM:

Health Care: ≤20 CFUs/dm² Food Safety: ≤50 CFUs/dm² Food Service: ≤50 CFUs/dm²
Hospitality: ≤50 CFUs/dm² Generic: ≤50 CFUs/dm²

TESTING INSTRUCTIONS: Report cfu per sq. decimeter for RODAC plate test. Also, please add name of laundry submitting samples and date selected (below) to each test report.

Laundry Submitting Samples: _____ Date Selected: _____

PAYMENT METHOD	Purchase Order #		Accugen Quote # If applicable		
	Check	Please invoice the Sponsor Company above as agreed by phone with Tehseen Naqvi.			
	Credit Card	VISA	MC	AMEX CVV #	
	CARD #	CARD #	EXP.DATE		
	ADDRESS: Do not write if same as above. Write, if different.				

AUTHORIZATION SIGNATURE _____ DATE: _____

<u>For Lab use only</u>		<u>Sample Condition</u>	<u>Date</u>
<u>Sample inspected and logged by:</u>			