

Chain of Custody (COC) / Analysis Request Form

Client Information

Billing Information Check if same as client info

Name: _____

Name: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone: _____

Phone: _____

Email (results): _____

Email for invoice: _____

This is the email we will send data/results

This is the email we will send an invoice

**Number of
Samples:**

Date Collected:

NOTES:

Services/Analyses Requested (check appropriate option(s))

Phycology

- PTOX Cyanobacteria Screen
- Qualitative Algal Identification
- Cyanobacteria ID/E
- Total Algae ID/E
- Total Algae ID/E with Biovolume

Other Services

- MIB/Geosmin
- Chlorophyll
- Phycocyanin

Algal Toxins

- Microcystins/Nodularins
- Total MCs (MMPB)
- Saxitoxin(s)/PSTs
- Cylindrospermopsin
- Anatoxin-a
- BMAA (includes isomers)
- Domoic Acid
- Dermatoxins
- Other: _____
- Method 545 (CYN & ANTX-a)
- Method 546 (MCs/NODs)

Method

- ELISA LC-MS/MS
- LC-MS/MS
- ELISA LC-MS/MS
- ELISA LC-MS/MS
- LC-MS/MS
- LC-MS/MS
- LC-MS/MS
- LC-MS/MS
- LC-MS/MS
- ELISA

Relinquished by:
Signature:
Date:
Received by:
Signature:
Date:
Time (upon arrival):
Temp. Check (°C):
Chlorine Check for finished water samples (P/F):

