

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
- Method 545 (CYN & ANTX-A)
- BMAA (includes isomers)
- Domoic Acid
- Dermatoxins
- Other: _____

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
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Relinquished by:

Signature:

Date:

Received by:

Signature:

Date:

Cooler
Temp. Check
°C & Time
(upon arrival)

Sample ID	Site	Date Collected	Time	Matrix (e.g. water, tissue)	**Preservation (e.g. Lugol's, frozen)

****Do not freeze the sample(s) if requesting algal identification**