

## 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):

