





Sample Temp at Receipt:				NEL ID Number:							
Temp. Control:				Chilling Process (has) (has not) begun							
Report To: Client / Company Name: Attn: Address:					Send reports by (please circle): Mail Email Fax y to:						
Email: Invoice to (if different): Attn: Address:				Phone: Fax: Fax: Fax: Fax: Fax: Fax: Fax: Fax							
Purchase Order #: Analysis Requested											
Collected By:					Note: Some testing parameters may be outsourced to a certified laboratory						
Sample Identification and/or Site Information	Date C	Collected	Time Collected	FCS (Food Contact Surface) or ENV (Environmental Surface)	Size of Area Swabbed						
Comments / Notes:											
Relinquished By:		Date / Tim	ne:	Received By	Received By:				Date/Time:		
Relinquished By:		Date / Tim	ne:	Received By	Received By:			Date/Time:			