



# Northeast Laboratories, Inc.

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 CT Cert. #PH-0404 NY Cert. #11471 EPA Cert. #CT-024 USDA Cert. #0976 FDA Reg. #3001743770 DEA Reg.  
 Federal #RN0281852, CT #624

## CHAIN OF CUSTODY

Telephone #: _____		FAX #: _____		EMAIL: _____		<b>ANALYSIS REQUESTED *</b>														
COMPANY NAME:		<u>Client's Purchase Order #:</u>		<i>* = Note: Some testing parameters may be outsourced to a certified laboratory</i>																
ADDRESS:		<u>SAMPLE LOCATION (if DIFFERENT) from Client:</u>																		
SAMPLED BY:		REPORT TO:																		
<b><u>DAIRY:</u></b> <b><u>PRODUCTS</u></b>		Code #'s, etc.	Date Collected (or Produced)	Time Collected (or produced)	# OF CON- TAINERS	TYPE OF CON- TAINER	PRESER- VATIVES (IF ANY)	<b><u>STORAGE REQUIRE- MENTS:</u></b> (as required, e.g. refrigerate, freeze, retain at room temp, etc.	Coliform Count	Inhibitors	Lab Pasteurized Plate Count (LPPC)	Standard Plate Count (SPC)								
SAMPLE DESCRIPTION (Description and/or ID#)																				
RELINQUISHED BY:		DATE / TIME:		RECEIVED BY:		DATE / TIME:		REMARKS & NOTES:												
RELINQUISHED BY:		DATE / TIME:		RECEIVED BY:		DATE / TIME:														