

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

Molecular/Genetics (qPCR)

- 16s rRNA mcyE/cyrA/sxtA
- anaC

Other Services

- MIB/Geosmin
- Chlorophyll Phycocyanin

Toxin Analysis

- Microcystins/Nodularins (MCs/NODs)
- Total MCs/NODs (MMPB method)
- Saxitoxin(s)
- Cylindrospermopsin
- Anatoxin-a
- Homoanatoxin-a
- Brevetoxins
- BMAA (includes isomers)
- Domoic Acid
- Dermatotoxins
- 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
- ELISA
- LC-MS/MS
- LC-MS/MS
- LC-MS/MS
-

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

Sample ID	Site	Date Collected	Time	Matrix <i>(e.g. drinking water, raw water, tissue)</i>	**Preservation <i>(e.g. Sodium Thiosulfate, Ascorbic Acid, Lugol's, frozen, filtered)</i>

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