

Chain of Custody (COC) / Analysis Request Form

Client Information

Name: _____
 Organization: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: _____
 Email (results): _____

Billing Information (check if same as Client)

Name: _____
 Organization: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: _____
 Email (invoice): _____

Services Requested (check appropriate option(s))

Phycological Services ***Do not freeze sample(s)***

- PTOX Cyanobacteria Screen
- Qualitative Algal Identification
- Cyanobacteria ID/E
- Total Algae ID/E
- Total Algae ID/E with Biovolume

Molecular/Genetics (qPCR)

- 16s rRNA
- anaC
- gntA
- mcyE/ndaF
- sxtA
- cyrA

Outsourced Services

- Phycocyanin
- MIB/Geosmin
- Chlorophyll

Analytical Services

Microcystins/Nodularins (MCs/NODs)

- ELISA - Adda MCs/NODS
- LC-MS/MS - Microcystin Suite
- LC-MS/MS - Total MCs/NODs (MMPB Method)

Anatoxin-a (ATX)

- LC-MS/MS -ATX
- LC-MS/MS - ATX Suite

Cylindrospermopsin (CYN)

- LC-MS/MS - CYN
- LC-MS/MS - CYN Suite

Saxitoxins (STX; paralytic shellfish poisons)

- ELISA - STX
- LC-MS/MS - STX Suite

Other services

- LC-MS/MS - Dermatotoxins
- LC-MS/MS - Bmaa (and isomers)
- AchE Assay - Guanitoxin (GNT)
- LC-MS/MS - Domoic Acid (amnesic shellfish poison)
- LC-MS/MS - Okadaic Acid (diarrhetic shellfish poison)
- ELISA - Brevetoxins (neurotoxic shellfish poison)
- Other: _____

Client Use (optional):	
Notes/Comments:	
<i>Relinquished by:</i>	
<i>Signature:</i>	
<i>Date:</i>	
<i>Relinquished by:</i>	
<i>Signature:</i>	
<i>Date:</i>	

INTERNAL USE ONLY			
<i>Received by:</i>		<i>Temp. Check (°C):</i>	
<i>Signature:</i>		<i>Chlorine Chk. (P/F/NA):</i>	
<i>Date:</i>		<i>Notes:</i>	
<i>Arrival Time:</i>		<i>Kit Returned (Y/N):</i>	



	Sample ID	Site	Collection Date	Time	Matrix <i>(e.g. drinking water, raw water, tissue)</i>	**Preservation <i>(e.g. Thiosulfate, Lugol's)</i>
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**** Do not freeze sample(s) if requesting algal identification**