

# IG MicroMed Environmental, Inc.

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## Chain of Custody- Laboratory Samples

**IGMM Lab Reference#:**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Name (for Reporting): \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check Preferred Reporting Method:     Email     Fax     Regular Mail     Paperless Invoice    **Copies to:**

Matrix				Sample Descriptions	Tests & Methods Requested								
Sample #:	Product	Swab	Other (describe)	Include location, lot/code numbers, production date, etc.	L. Mono MFHPB-30 125g	Salmonella MFHPB-20 325g	C. Coli O157:H7 325g						
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

**Unless stated, all samples will be tested using standard methods chosen by lab. If your specifications require a certain method please state above.**

Relinquished by: \_\_\_\_\_ Received by: I.G. MicroMed Environmental Inc. \_\_\_\_\_  
 Date/Time: \_\_\_\_\_ Date/Time: \_\_\_\_\_