


EBS MANDEVILLE LABORATORY CHAIN OF CUSTODY

Company Name:				Ship samples to: Environmental Business Specialists Attention: Chem/Micro Lab 1930 Surgi Drive Mandeville, LA 70448 Contact: Jennifer Atilano Chem/Micro Lab Coordinator atilano@ebsbiowizard.com (985) 674-0660 X 103 C: (985) 640-4148 **750mL of sample should be submitted; please ship overnight, on ice, and with an inch or two of headspace. Please contact us if you have any additional questions regarding		Analysis Requested										 An Employee-Owned Company Comprehensive Wastewater Solutions ___ Rush Option * Rush Option includes data and photos by close of next business day ** billed with an additional fee For Rush Analysis, please contact Jennifer Atilano before shipping to ensure availability. Call (985) 674-0660x103 or (985) 640-4148		
Contact Name:						Basic Chem - pH, oPO4, NH3, MLSS/MLVSS, COD, Settling, SVI, Supernatant TSS	Basic Micro -Floc Description, Dispersed Bacteria, Zoogloea, Pin Floc, Filament Rating, Maturity Index	Basic Chem - pH, NH3, oPO4, TSS/VSS, COD, DOUR	Basic Micro -Floc Description, Dispersed Bacteria, Zoogloea, Pin Floc, Filament Rating, Maturity Index	Nutrient Content in Biomass - Includes Total Nitrogen and Total Phosphorus (please specify if only N or P is desired)	Filament ID - Includes filament identification, rank, causes, Gram and Neisser stains, plus photos	Flow Cytometry - Live and Total bacterial cell counts performed on a flow cytometer	EPS, Hydrophobicity, and Surface Charge - Biofloculation potential measurement	Culturability - Bacterial cell counts via standard plate counting technique	Other			
E-mail address:						Activated Sludge		ASB										
Facility Address:																		
Phone Number:																		
Purchase Order #																		
Client:																		
Client Location:																		
Sample ID:	Date	Time	grab/ composite	Number of containers submitted for analysis.										Comments:				
Relinquished by:		Date/Time	Received by:							Date/Time	Report Format Requested (circle one):							
											Data File Full Report							
Lab use only:			Comments/Remarks (Please include any relevant system information):										Laboratory Report Number:					
Temp. on receipt: _____													Checked in by:					
Ice present: Yes _____ No _____																		
At least 1" headspace: Yes _____ No _____ NA _____																		
(see remarks)																		