


ANALYTICAL CHAIN OF CUSTODY

Company Name:			Ship samples to: Environmental Business Specialists, LLC Attention: Lab 1930 Surgi Drive Mandeville, LA 70448 (985) 674-0660 X 128 Contact: Beth Dillman dillman@ebsbiowizard.com or Michael Katsorchis katsorchis@ebsbiowizard.com <i>**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 sample shipping.</i>	Analysis Requested										 EBS ENVIRONMENTAL BUSINESS SPECIALISTS, LLC 1930 Surgi Drive Mandeville, LA 70448 Phone: (985) 674-0660 X 128 email: lab@ebsbiowizard.com www.ebsbiowizard.com													
Contact Name:				Basic Chem - pH, MLSS/MLVSS, COD, Settling, SVI, Supernatant TSS	Basic Micro -Floc Description, Dispersed Bacteria, Zoogloea, Pin Floc, Filament Rating, Maturity Index	Basic Chem - pH, NH3, aPO4, 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 and Surface Charge - Bioflocculation potential measuring polysaccharide levels and mixed liquor floc charge	Culturability - Bacterial cell counts via standard plate counting technique	ATP Production rate - Measured to assess bacterial health and test for possible inhibition														
E-mail address:				Activated Sludge	ASB																						
Facility Address:																											
Phone Number:																											
Fax Number:																											
Client:																											
Client Location:																											
Sample ID:	Date	Time	Matrix	grab/composite	Number of containers submitted for analysis.										Comments:												
Relinquished by:			1 Date/Time		Received by:										2 Date/Time		Report Format Requested (circle one): Excel InDesign <i>(full written report; additional charges apply)</i>										
Relinquished by:			3 Date/Time		Received by:										4 Date/Time												
Lab use only: Temp. on receipt: _____ Ice present: Yes _____ No _____ At least 1" headspace: Yes _____ No _____ NA _____ <i>(see remarks)</i>				Comments/Remarks (Please include any relevant system information):											Laboratory Report Number:												
															Checked in by:												