Clear Comfort

SHIP TO ADDRESS

Clear Comfort Laboratory
Attn: Order **[Enter Number Here]**
168 CTC Blvd., Suite E
Louisville, CO 80027

HAVE QUESTIONS?

✉ lab@clearcomfort.com

☎ 303.872.4477

🌐 clearcomfort.com

CLIENT INFORMATION

Order Number: _____

Contact Name: _____

Phone: _____

Email: _____

Collector Name: _____

Collector Email: _____

Company Name: _____

Address: _____

City: _____

State: _____

Postal Code: _____

PROJECT ID:

(Lab Use Only)

SAMPLE MATRIX TYPE

☐ Surface Water ☐ Plant Tissue ☐ Ground Water

☐ Biofilm ☐ Nutrient Water ☐ Other_____

REQUESTED ANALYSIS TESTS

DATE	TIME	SAMPLE ID	No. of Containers	Gender ID	Pathogen Detect.	Media Culture	Routine Analysis	Nutrient Analysis	Baseline Package	Genomic Seq.							
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Notes:

Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

CHAIN OF CUSTODY (CoC): Completion Standard Operating Procedure (SOP)

To ensure accurate and efficient water sample processing, fill out all required sections legibly in black or blue ink.

1. Submitter Information:

a. Fill out "Client Information" section that corresponds to the facility/location the sample(s) were taken from.

b. The email provided in the "Sample Collector" section will receive analytical reports.
   - If this section is not completed, the email provided in "Client Information" section will be the default email for report submissions.

c. The "Order Number" can be filled by the client, if known. Otherwise, this can remain empty and for Clear Comfort to fill out upon receipt.

d. Please eave the "Project ID" section empty for laboratory use.

2. Sample Matrix Type:

a. Select the type of sample that most closely represents the sample(s) being submitted. If different from the matrices provided, fill in the "other" section with the sample type.

b. If submitting multiple samples of different types, check all that apply.

3. Sample ID:

a. Fill-in a unique identifier for each sample that matches the label on the sample container. Samples can be grouped on a single line if labeled sequentially (e.g. 1 - 10) and are to be tested for the same analysis. Note: Samples will be reported as labeled on the CoC.
   - Fill-in the "No. of Containers" associated with that line (continuing from the previous example, e.g. 10).

b. Input the "Date" and "Time" the sample(s) were collected in the corresponding column.

4. Requested Analysis/Test(s):

a. Check the box that corresponds to the requested analytical package or service. The names used correspond to our Analytical Services Catalog (documents available separately).

b. For analyses not on the CoC (e.g. a la carte testing), fill in the desired test type(s) in the blank column(s) and check the related sample ID box.

c. For "Pathogen Detection" and "Media Culture" testing, include the desired target/test type in the "Notes" (e.g. Fusarium oxysporum, TYM).

5. Sample Relinquishment:

a. Write the name of the last individual to handle the sample(s) – usually the sample collector – along with the date and time the sample(s) were released (shipped).

b. Leave the "Received By" section empty for lab personnel that receive the sample(s).

6. Notes:

a. Use this section to include any additional relevant information on the sample(s), test requests, etc.

7. Shipping:

a. Ship samples to the listed "Ship-To Address" at the top of the CoC.

b. Follow the appropriate sampling and shipping instructions (available separately) when collecting sample(s).

c. Unless otherwise agreed upon prior to submission; sample collection, shipping and sample collection vessels are the responsibility of the submitter.

HAVE QUESTIONS? WE'RE HAPPY TO HELP

📞 303.872.4477   ✉ lab@clearcomfort.com   ⊕ clearcomfort.com/analytics