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**Chain-of-Custody**

Project ID: _____

CONTACT INFORMATION			PROJECT INFORMATION	
Name:		Tel :	Project/Patient ID:	
Address:		Fax:	Date Samples: / /	Email report ()
City:	State:	Zip Code:	Doctor:	
Contact:	Cell:	Email:	Billing Address:	

Sample ID	Sample Type	Analysis Requested (Please use Lab codes or specify your request)	Sample Source/Location	Special Instructions, Notes & Comments
1				
2				
3				
4				
5				

Lab analytical services codes		<div>1. If samples are collected on Friday, please keep them at 4°C and/or in refrigerator until they can be shipped overnight by an available courier.</div> <div>2. The samples should be packed in a crush-resistant box and surrounded with packing materials to prevent movement in box. The artificial ice packs can be used, if needed, to avoid extreme temperature during shipping.</div> <div>3. Please call 732-355-9018 if you have specific technical needs or project concerns.</div>
FC108	Culturable Fungal Identification of implants.	

Relinquished by: (sign) _____ (Print): _____

Date & Time: _____

Received by: (sign) _____ (Print): _____

Date & Time: _____