



Chain of Custody / Analysis Request

Complete pages 1 and 2 for each shipment. Please print clearly or fill in on screen. Required fields are marked *

Attogene Corporation
3913 Todd Lane, Suite 310
Austin, Texas 78744
512-333-1330

CLIENT INFORMATION <i>(results go here)</i>	BILLING INFORMATION	PROJECT & SAMPLING
Contact Name *	☐ Same as Client (skip fields below)	Project Name / ID
Organization *	Contact Name	PWS ID (if appl.)
Street Address *	Organization	Sampler Name *
City / State / Zip *	Street Address	Sampler Phone
Phone *	City / State / Zip	Turnaround * ☐ Standard ☐ Rush (call to confirm)
Email (results) *	Email (invoice)	Results Needed By
CC Email	PO Number	

Rush requests must be confirmed with the lab before shipping.

ANALYSES REQUESTED *Check all that apply, then enter the code(s) for each sample in the Analyses column on page 2.*

Phycology

- ☐ **P1** Cyanobacteria Screen
☐ **P2** Qualitative Algal Identification
☐ **P3** Total Algae

Do not freeze phycology samples (P1-P3).

Toxin Analysis

- ☐ **T1** Microcystins
☐ **T2** Cylindrospermopsin
☐ **T3** Brevetoxins
☐ **T4** ASP (Domoic Acid)

- ☐ **T5** DSP (Okadaic Acid)
☐ **T6** PSP (Saxitoxin)
☐ **T7** Other:

Other Services

- ☐ **O1** Phycocyanin
☐ **O2** Chlorophyll
☐ **O3** Genetic Testing

COMMENTS / SPECIAL INSTRUCTIONS

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SHIPMENT SUMMARY

Total # of Samples		Coolers:	
Total # of Containers		Carrier:	
Tracking #			

CHAIN OF CUSTODY RECORD

Sign and date each time samples change hands. By signing as first relinquisher, the sampler confirms the samples were collected as listed.

Relinquished By (sign / print)	Date	Time	Received By (sign / print)	Date	Time

LABORATORY USE ONLY

Lab Work Order #	
Received By	
Date / Time	
Temp. on Receipt (°C)	
Received on Ice	☐ Y ☐ N
Custody Seal Intact	☐ Y ☐ N ☐ N/A
Containers Intact	☐ Y ☐ N
Chlorine Check	☐ P ☐ F ☐ N/A
Notes	



Sample Information

List every sample container. Sample IDs must match the bottle labels exactly.

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Client

Project Name / ID

Sheet of

#	Sample ID *	Site / Location	Date Collected MM/DD/YY	Time 24-hr	Matrix code	# Cont.	Preserv. code	Analyses codes, e.g. P1, T1	Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									

Matrix codes: DW = Drinking water (treated) RW = Raw / source water SW = Surface water (lake, river, pond) GW = Groundwater / well T = Tissue O = Other (describe in Notes)

Preservation: N = None (chilled only) ST = Sodium thiosulfate L = Lugol's F = Frozen FL = Filtered O = Other (describe in Notes)

Analyses: P1 = Cyanobacteria Screen P2 = Qualitative Algal Identification P3 = Total Algae T1 = Microcystins T2 = Cylindrospermopsin T3 = Brevetoxins T4 = ASP (Domoic Acid)
T5 = DSP (Okadaic Acid) T6 = PSP (Saxitoxin) T7 = Other O1 = Phycocyanin O2 = Chlorophyll O3 = Genetic Testing (describe in Notes)

Do not freeze samples requested for phycology / algal identification (P1-P3). Need more rows? Print an additional copy of this page and number the sheets.



Sample Collection & Shipping Instructions

Keep this page for reference. It does not need to be returned with your samples.

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1 · COLLECT SAMPLES

1. Use a clean 100 mL, 500 mL or 1000 mL plastic bottle (amber and sterile if possible).
2. Rinse: fill the bottle about halfway with sample water, cap it, shake 2–3 times, then pour the water out.
3. Fill the bottle a second time, up to the neck, and cap tightly.
4. Label the bottle right away (see step 2).
5. Refrigerate or place on ice immediately. Do NOT freeze samples for phycology / algal identification.

Treated (chlorinated) water: if your bottle already contains sodium thiosulfate, skip the rinse and fill it directly so the preservative is not washed out.

2 · LABEL EACH BOTTLE

- Sample ID (must match the Sample ID on page 2)
- Sample location (e.g., well head, outdoor faucet, lake shoreline with visible bloom)
- Date and time of collection
- Sampler's name or initials

Use waterproof ink. Labels are easiest to write before the bottle gets wet or cold.

3 · COMPLETE THIS FORM

1. Fill in client, billing and project details on page 1 and check every analysis you need.
2. List each sample on page 2 with its matrix, preservation and analysis codes.
3. Sign and date the first "Relinquished By" line on page 1. Keep a copy for your records.

4 · PACK & SHIP

1. Place bottles upright in an ice chest with enough ice or frozen ice packs to keep them cold in transit.
2. Seal the completed form (pages 1–2) in a plastic zip-top bag and place it inside the ice chest.
3. Close and tape the ice chest, then deliver or ship it to the address below.
4. We recommend overnight shipping Monday–Thursday so samples do not arrive on a weekend or holiday.

SHIP / DELIVER TO

Attogene Corporation
3913 Todd Lane, Suite 310
Austin, Texas 78744

HOURS

Samples accepted
Mon–Fri, 8:00 am – 4:00 pm
Questions / holidays:
512-333-1330, Mon–Fri 8 am – 5 pm