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 800-AIR-1024 ext 4 or 512-263-0000 ext 4  
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Microbial AirCheck✓ Chain of Custody

1 Contact Information - review and correct if necessary

Customer ID: \_\_\_\_\_ Customer Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*If an additional contact needs to receive a copy of this report, please have your Primary Contact call Trace Analytics at 800-247-1024 or email ServiceTeam@AirCheckLab.com*

2 Instructions to Laboratory

RUSH REQUESTED, \$150 extra, Initial Here:  By initialing, I understand that I am authorizing RUSH Reporting following 10-Day Analysis for an add'l \$150 per report. CALL CUSTOMER SERVICE @ 800-247-1024, Ext. 3 TO SCHEDULE.  
 PO Number: \_\_\_\_\_  
 PROJECT or CLIENT NAME: \_\_\_\_\_  
 Send A Reminder To Sample Again:  Annual  Monthly  Quarterly  Semi-Annual  Other

3 Sampling Equipment

Sampler Type:  Pinocchio (KPSII)  Other: \_\_\_\_\_  
 Sampler Serial No: \_\_\_\_\_  
 Flowmeter Serial No: \_\_\_\_\_

4 Sampling Media

Plate Lot No: \_\_\_\_\_  
 Plate Expiration Date: \_\_\_\_\_

5 Flow Diagram and Description of Sample Types

ASEPTIC PROCEDURES	SAMPLING EQUIPMENT	ANALYSIS TYPES
Always use clean gloves Use ≥70% Isopropanol for cleaning Only use <b>lint-free</b> wipes Use personal protective equipment	Total Air Volume Required = 1,000L <b>PINOCCHIO</b> Flowrate required = 100 LPM Max pressure at sampling outlet = 60PSI	<i>Analysis type must be chosen for each sample</i> <b>B</b> BASIC (B) – Total Plate Count (TPC) ALL BLINDS ARE BASIC <b>V</b> VALUE (V) – TPC + 2 Gram stains <b>P</b> PRO (P) – TPC + total Gram stain

6 Sample Information

ID	Collection Date	Sample Description / Location	Analysis Type (B, V, P)	Gas Type (Air, N2, O2, etc.)	Flow Rate (LPM)	Sample Time (min.)
0		Sterility Blank (Required per ISO 8573-7)	<input checked="" type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P	N/A	N/A	N/A
1			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
2			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
3			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
4			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
5			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
6			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
7			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
8			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
9			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
10			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			

Technician Acknowledgement

Submittal of this microbiological sample authorizes Trace Analytics, LLC to provide services. If purchase order number is required by your company, please provide with sample. I attest that all information provided on this chain of custody is truthful and accurate to the best of my knowledge.

TECHNICIAN SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
 TECHNICAL CONTACT PHONE NUMBER MONTH DAY YEAR

PLEASE NOTE - MICROBIOLOGICAL SAMPLE INFORMATION

- Samples will be held for 7 days after final analysis.
- Ship samples in included box when returning the microbial sampler.

For Trace Use Only:

Receiving I.D. \_\_\_\_\_ Receiver's Initials \_\_\_\_\_

