MICROBIAL CHAIN OF CUSTODY RECORD

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Send Email report to: _____

13101 Leopard St.
Corpus Christi, TX 78410
Ph: (361) 826-1200
Email: CCWLab@CorpusChristiTX.gov

Sampler: **(PLEASE PRINT)** _____

Sample ID	Lab ID# *(Lab Use Only)*	Date Sampled	Time Sampled	Grab	Composite	Other	Preservative: Thio	Preservative: None	Matrix: WW Influent	Matrix: WW Effluent	Matrix: Water	Matrix: Other -Specify	Dilution Req. (Salt Wtr)	Residual Chlorine (If applicable): Total mg/L	Residual Chlorine (If applicable): Free mg/L	Analyze For: HPC MPN	Total Coli / E. *coli* (P/A)	Total Coliform MPN	Total Coliform MPN (Comm. Drinking Water)	E. *coli* MPN	Fecal Coliform Membrane Filtration	Fecal Coliform MPN	Enterococci MPN	Other *
1																								
2																								
3																								
4																								
5																								
6																								

Relinquished By: Date: Time:

Received By: Date: Time:

Relinquished By: Date: Time:

Received By: Date: Time:

******* For Laboratory Use Only *******

Sample(s) on ice: YES NO	Data Flag(s) / Sample Comments:
Receiving Temp (°C):	
Corrected Temp (°C):	
Temp. Device ID:	

Special Instructions/Comments:

Other*:

WHITE (ORIGINAL) – Lab Copy YELLOW – Submitter Copy

Revision 1, Effective 08/06/2026

Any analysis unable to be performed by the Lab will be subcontracted to a qualified TNI accredited laboratory. By signing and relinquishing this form, the client acknowledges and agrees to the use of subcontracted laboratory services as necessary.