LOD Form 1
Version 3
2 November 2020

# Public Health Command Europe
## Laboratory Sciences (LS)
## Request for Laboratory Services (RLS)

| | | | |
|---|---|---|---|
| **Customer Project ID.:** | | ***~Lab Use Only~ Received By:*** ***Date:*** ***LS SRN:*** | |
| **Primary POC:** | **Email:** | | **Tel:** |
| **Alternate POC:** | **Email:** | | **Tel:** |
| **Address:** | | | |
| **Collection Site or Facility:** | | | **DOEHRS ID:** |
| **LS Sampling Kit:** ☐ **Yes** ☐ **No** **Date Required:** | | **Delivery Method:** ☐ **Pick up** ☐ **Mail** | **Project Class:** Select from the dropdown |
| **Fund Source:** | **MIPR No.:** | | **WBS #:** |
| **Planned Sample Collection Date:** | | **Planned Sample Delivery Date to Lab:** | |
| **Analysis Priority Requested:** ☐ **Routine (30 days)** ☐ **Immediate (14 days)** ☐ **Emergent (7 days)** **Justification for elevated priority:** | | | |
| ***~Lab Use Only~ LS Folder:*** | | ***Contract Lab Folder:*** | |

| **Matrix*** | **Customer Sample No.** | **Sample Date** | **Sample Time** | **Field Data** | | **Analyses Requested** | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **pH** | **Temp** | **VS USE ONLY** **In accordance with LS Customer Guide** | | | | | | | | | | | | | | | | | | | |
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**Proceed with analyses if samples arrive outside of recommended hold time/tolerance?** **Yes** ☑ **No** ☐

**Do analyses require FGS compliance?** **Yes** ☐ **No** ☐

**Changes to decision rule required?** **Yes** ☐ **No** ☑

**Please specify any special requests or requirements in the remarks section.**

*Please select a matrix from the lists below

**Food**

Bottled Water (BW) Ice (I) Fish/Seadfood (FS) Meats (M) Cheeses (C)
Cultured Dairy (CD) Dairy (D) Ice Cream (IC) Bottled (B) Fruits & Vegetables (FV)
Surface Swabs (SS) Other (O): Please specify in the remarks section.

**Environmental**

Potable Water (P) Dust Wipes (W)
Non-Potable Water (NP) MCE Filters (F)
Soil / Bulk Solids (S)

**If you require more space, please use supplemental sample sheet(s) and attach to packet.**

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**Public Health Command Europe**
**Laboratory Sciences (LS)**
**Request for Laboratory Services (RLS)**

| **Remarks** | | |
|---|---|---|
| | | |
| ***Lab Use Only: Chemical Analysis Division*** | ***Lab Use Only: Biological Analysis Division*** | ***Lab Use Only: Contract Laboratory*** |
| **Accept** ☐ **Reject** ☐<br><br>**Notes** | **Accept** ☐ **Reject** ☐<br><br>**Notes** | **Accept** ☐ **Reject** ☐<br><br>**Notes** |
| ***Lab Use Only: Laboratory Operations Division*** | | |
| **Notes**<br><br>**Modifications to request have occurred:** ☐ **Yes** ☐ **No** | | |
| **Please contact us with any questions or concerns! The LS professionals are delighted to help!** | | |


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**For a list of analytes and methods, please refer to the LS Customer Guide for Biological and Chemical Analysis.**