



**Michelson Laboratories, Inc.**  
 6280 Chalet Drive, Commerce, CA 90040  
 Ph: 562-928-0553 ♦ Fax: 562-927-6625

ML-WI-CS-38.04  
 Control #GI-179  
 Authorized by: G. Michelson  
 Revised on: 6/6/2011  
 Page 1 of 1

**Customer Setup Form**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Corporation     Partnership     Sole Proprietorship     Other

Federal Tax I.D. Number: \_\_\_\_\_ Date Business Commenced: \_\_\_\_\_

**Business Address:**

**Billing Address (if different from business address)**

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Preference for Data Reporting**

Would You Like to Receive Reports via:     Fax     E-Mail     Results Online

Fax #: \_\_\_\_\_ Name: \_\_\_\_\_

E-mail 1: \_\_\_\_\_

E-mail 2: \_\_\_\_\_

**How Did You Hear About Us?**

Internet Search     In Person (At a show)   
 Magazine / Article     Referred by (Person or Company Name) \_\_\_\_\_  
 Direct Mail Piece     Other \_\_\_\_\_

**OFFICE USE ONLY**

Account #: \_\_\_\_\_ Terms: \_\_\_\_\_  
 Environmental     Laboratory     Credit App Attached     Results Online   
 FDA Customer     Min Charge \_\_\_\_\_    Entered In: Chem     Micro     Ncal     Navision   
 Req. By/Date: \_\_\_\_\_ Ent. By/Date: \_\_\_\_\_ Rev. By/Date: \_\_\_\_\_



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ML-WI-CS-39.03  
 Control #GI-180  
 Authorized by: G. Michelson  
 Revised on: 8/24/2011  
 Page 1 of 1

**Credit Information Form**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

<b>CREDIT CARD INFORMATION</b>	
Company Name: _____	
Company Billing Address: _____	
Name as Appears on Card: _____	
CC Billing Address: _____	
Type of Card:	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
Credit Card Number: _____	Verification # _____
Amount: \$ _____	Exp. Date: _____
Signature: _____	Date: _____

<b>BANKING INFORMATION</b> (If applying for credit)	
Bank Name: _____	
Bank Address: _____	
City: _____	State: _____ Zip: _____
Contact: _____	Phone #: _____ Fax #: _____
Bank Account #: _____	Duns #: _____ Credit Score: _____

<b>TRADE REFERENCES</b> (If applying for credit)	
Company: _____	Company: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
E-mail: _____	E-mail: _____

*Your signature guarantees that the information provided is true and correct and authorizes Michelson Laboratories, Inc. to verify the credit and banking information provided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
Account #: _____	Credit App Faxed: <input type="checkbox"/>	References: <input type="checkbox"/>	LofA <input type="checkbox"/>
Environmental <input type="checkbox"/> Laboratory <input type="checkbox"/>	Credit Approval: <input type="checkbox"/>	Amount: _____	
Prepayment Amount: \$ _____	Quote #: _____	Invoice #: _____	
Credit Card: <input type="checkbox"/> Check #: _____	Approved By: _____	Date: _____	



ANALYSIS REQUEST FORM

Please Fill Out and Return with Sample(s)

Company Name:
Address:

Date:
Contact:
Phone No.:
Fax No.:
E-Mail:

Identification of Sample(s):

Sample 1:
Sample 2:
Sample 3:
Sample 4:
Sample 5:
Sample 6:
Sample 7:
Sample 8:

[ ] Yes, I am a new account to Michelson Laboratories, prepayment required.
[ ] Call w/ Results [ ] Prepaid [ ] Rush (Double Charge) [ ] Fax Results [ ] E-mail Results

CHECK ANALYSIS DESIRED:

For different methods or sample sizes offered in parentheses, please circle desired method or sample size.

MICROBIOLOGICAL ANALYSES:

- Aerobic Plate Count / Standard Plate Count
Bacillus cereus
Bacterial Identification
Campylobacter Elisa by VIDAS (25g / 375g)
Clostridium perfringens
Colifrom (MPN / Petrifilm / Rinse / VRB)
E. coli (MPN / Petrifilm / USP)
E. coli O157:H7 Elisa by VIDAS (25g / 375g)
E. coli O157:H7 PCR by GDS (25g / 375g)
E. coli O157:H7 8 hour
E. coli O157:H7 12 hour (375g)
E. coli O157:H7 20 hour (25g / 375g)
Lactic Acid Bacteria
Listeria spp. Elisa by VIDAS (25g / 375g)
Listeria spp. PCR by GDS (25g / 375g)
Listeria monocytogenes Elisa by VIDAS (25g / 375g)
Listeria monocytogenes PCR by GDS (25g/ 375g)
Pseudomonas (FDA / USP)
Salmonella Elisa by VIDAS (25g / 375g)
Salmonella PCR by GDS (25g / 375g)
Salmonella 24 hour
Salmonella 24 hour
Salmonella USP
Shigella
Staph aureus Coagulase+ (AOAC / USP)
Staphylococcus Enterotoxin
Vibrio
Yeast & Mold (FDA / Isogrid / USP/ Rinse)
Yersinia

MICROBIOLOGICAL WATER ANALYSES:

- Coliform (Colilert / Colisure)
Coliform, Colilert Quantitray
Enterococcus (Enterolert / MPN)
Heterotrophic Bacteria
Water Potability

FILTH / DECOMPOSITION:

- Decomposition
Filtth

\*A \$75.00 Minimum charge per submission applies
\*Michelson Laboratories, Inc. performs over 400 tests,
If you do not see your test here please contact us.

PROXIMATE ANALYSES:

- Moisture
Protein
Fat
Ash
Calories (Includes: M,P,F, A)
Carbohydrates (Includes: M,P,F, A)
Fiber, crude
Fiber, total dietary
Solids, total

DAIRY ANALYSES:

- Butterfat (Mojonnier)
Milk Component Analysis
Somatic Cell Count
Total Solids

ENVIROMENTAL ANALYSES:

- EPA 524.2 EPA 8015B
EPA 552.2 EPA 8021B
EPA 608 EPA 8260
EPA 624 EPA 8270C
EPA 625 EPA 8081 / 8082

WASTEWATER / STORMWATER:

- Ammonia
BOD - Biological Oxygen Demand
COD - Chemical Oxygen Demand
Chloride
Chlorine Residual
Conductivity
Cyanide
Fluoride
MBAS
Oil & Grease
pH
Phenol
Sulfide
Settable Solids
Total Dissolved Solids
Total Solids
Total Suspended Solids
Turbidity

GENERAL CHEMISTRY ANALYSES:

- Benzoic Acid pH
Chloramphenicol Phosphorous
Cholesterol Propionic Acid
Fatty Acid Profile Salt
Fluoroquinolones Sorbic Acid
Gentian Violet LC/MS/MS Sugar Profile
Histamine TBA (Rancidity)
Lycopene
Malachite Green LC/MS/MS
Melamine LC/MS/MS
Nitrofurans LC/MS/MS
Methyl Mercury
Pesticides (Carbamate)
Pesticides (Organo Halide)
Pesticide (Organo Phosphate)

NUTRITIONAL LABELING:

- Nutritional Label (Includes Trans Fat)
(100g serving size will be used unless
otherwise specified)
List Serving Size:

MINERALS & METALS:

- Aluminum
Arsenic
Cadmium
Calcium
Copper
Fluoride
Iron
Magnesium
Manganese
Nickel
Potassium
Sodium
Zinc
Low Detection Limit for requested Mineral Sample

VITAMIN:

- Folic Acid
Niacin
Riboflavin
Thiamin
Vitamin A, Carotene
Vitamin A, Retinol
Vitamin A, Total
Vitamin B6
Vitamin B12
Vitamin C

Other:

Authorizing Signature: Date:
Additional Instructions:



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Commerce, CA 90040-3761

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(888) 941-5050

Fax: (562) 927-6625

www.michelsonlab.com

# CHAIN OF CUSTODY

Lab Copy

CLIENT INFORMATION				BILLING INFORMATION				COURIER SERVICE											
Client:				Address:				Date Ordered:		Time:		Initial:							
Address:								Schd P/U Date:		Time:									
								[ ] Courier Charge:		Waiting Time:									
Phone:				[ ] Prepaid:				[ ] Rush		[ ] After Hours		[ ] Back Track [ ] NC							
Contact:								Please pick one of the following:											
E-mail:				Special Instructions:				[ ] Sampling		[ ] Pick-Up		[ ] Delivery [ ] Special Project							
P.O.:								Pick-Up Address:											
Notes:																			
LAB USE ONLY	DESIGNATION OR PRODUCT DESCRIPTION							CONTAINER(S)		ANALYSIS REQUESTED									
JOB NUMBER	SAMPLE			SAMPLE DESCRIPTION				#	PRESER- VATION										
	MTRX	DATE	TIME																
Relinquished By: Signature				Date:		Time:		Received By: Signature				Date:		Time:					
Relinquished By: Signature				Date:		Time:		Received By: Signature				Date:		Time:					
Condition of Sample: [ ] Ambient [ ] Cold [ ] Frozen [ ] Other				Cooler Temp:				How Transported: [ ] Ambient [ ] On Ice [ ] In Ice Chest				Temp:		pH:					

Extra charges may apply for rush analysis, special sample preparation, non-typical report format, or other non-typical customer request or needs.