

Organization:		Date:	
Contact Name:		Phone:	
Contact Email:			

	Sample Description	Date Sampled	Time	Additional Information or Requests
1				
2				
3				
4				
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12				

LifeCheck ATP Hy-Gene testing is for research use only, and is not for clinical use. By signing this document I hereby certify that all of the enclosed samples were sourced from environmental surfaces (door handles, desks, phones, computer stations, common touchpoints etc.). OSP reserves the right to deny testing any sample on grounds that it is believed to be clinical in nature, has insufficient information, or does not adhere to the safety guidelines and expectations as laid out in the testing agreement. All test results will be delivered to the above email address.

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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*OSP Use Only*

Received By: \_\_\_\_\_

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

LCR#: \_\_\_\_\_