



Chain of Custody - Mold

Name / Company:		Phone:
Contact Name: <small>(If different from above)</small>	Contact Email:	
Job Name:	Project Name:	
Job / Project Address:		

TEST SELECTION

MICROBIAL ANALYSIS	OTHER
<input type="checkbox"/> Air-O-Cell <input type="checkbox"/> Tape/Swab (Direct Examination)	<input type="checkbox"/> _____

TURN AROUND TIME (TAT)

<input type="checkbox"/> Same Day* <small>*Only available with Mobile Lab Service OR if sample is received by 2 pm</small>	<input type="checkbox"/> 24-48 Hours* <small>*Analysis time includes business days only. Excludes Saturdays/Sundays.</small>
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SAMPLE INFORMATION

Sample #	Sample Location/Description	Sample Type (Tape/Air)	Volume (Air Only)	Date / Time Sampled	For Office Use Only

Special Instructions:

Client Signature:	Date:	Time:
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Received By:	Date:	Time:
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Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Credit Card on File	TOTAL \$
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Analysis Completed By:	Date:	Time:
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Results Sent By: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax	Date Sent Out:
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OFFICE USE



Additional pages of the Chain of Custody are only necessary if needed for additional sample information

SAMPLE INFORMATION (CONT.)					
Sample #	Sample Location/Description	Sample Type (Tape/Air)	Volume (Air Only)	Date / Time Sampled	For Office Use Only

Special Instructions:

Client Signature: _____ Date: _____ Time: _____

Received By: _____ Date: _____ Time: _____

Payment Method: Cash Check # _____ Credit/Debit Credit Card on File TOTAL \$ _____

Analysis Completed By: _____ Date: _____ Time: _____

Results Sent By: Mail Email Fax Date Sent Out: _____

OFFICE USE