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More Than Just Lab Results

www.moldbacteria.com
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Mould Analysis Request Form (Chain of Custody Record)

Analysis Requested (Please tick)

Client Job No:	Project Name:		<table border="1"> <tr><td>Bulk, tape lift, dust, and swabs: DME</td></tr> <tr><td>Bulk, dust, and swabs: culture</td></tr> <tr><td>Air: Non-viable analysis (e.g. Air-O-Cell)</td></tr> <tr><td>Air: Viable analysis (e.g., RCS)</td></tr> <tr><td>Dust, swabs: culture quantification</td></tr> <tr><td>Dust, swabs: culture no quantification</td></tr> <tr><td>Other:</td></tr> </table>	Bulk, tape lift, dust, and swabs: DME	Bulk, dust, and swabs: culture	Air: Non-viable analysis (e.g. Air-O-Cell)	Air: Viable analysis (e.g., RCS)	Dust, swabs: culture quantification	Dust, swabs: culture no quantification	Other:
Bulk, tape lift, dust, and swabs: DME										
Bulk, dust, and swabs: culture										
Air: Non-viable analysis (e.g. Air-O-Cell)										
Air: Viable analysis (e.g., RCS)										
Dust, swabs: culture quantification										
Dust, swabs: culture no quantification										
Other:										
Company or Client Name:	Phone:	Fax:								
Address:	Email:									
	Contact Name:									
	Invoice to (contact person):									
	Do you want the lab to help with results interpretation? (Yes/No)									
Any special instructions:			Turnaround time required*							

Client Sample ID	Lab ID No.	Date Collected	Sample Type	Sample Location/Description	Air Samples		Dust/swab	R = rush S = standard H = holiday	Bulk, tape lift, dust, and swabs: DME	Bulk, dust, and swabs: culture	Air: Non-viable analysis (e.g. Air-O-Cell)	Air: Viable analysis (e.g., RCS)	Dust, swabs: culture quantification	Dust, swabs: culture no quantification	Other:
					Flow Rate (L/M)	Sampling Time	Area (unit sq.)								

Relinquished by:	Date:	Received by:	Date:
Signature:	Time:	Signature:	Time:
Relinquished by:	Date:	Received by:	Date:
Signature:	Time:	Signature:	Time:
Received in lab by:		Sample(s) condition on receipt:	Reasons if not acceptable:
Signature:	Date:	Acceptable for analysis	
Lab. Reference No.:	Time:	Not acceptable for analysis	

Testing Authorized By (Client): _____ Signature: _____ Date: _____

