MBL
Mold & Bacteria Consulting Laboratories

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Chain of Custody Record

(More Than Just Lab Results...)

Company Name:	**Project Name:**
Contact Name:	**Job #:**
Address:	**Phone:**
	Fax:
	E-Mail:
	Payment Options: Visa/MasterCard/Debit/Cheque/PO No.
	Do you want the lab to help with results interpretation? (Yes/No)
Any special instructions:	Post-remediation samples ☐ / Pre-remediation samples ☐

Client Sample ID	ID To Species or Genus?	Date Collected	Sample Type	Sample Location/Description	Air Samples: Flow Rate (L/M)	Air Samples: Duration (mins.)	Swab: Area (unit sq.)	Turnaround time required* R= rush S= standard H= holiday	Bulk/Tape-lift/Dust/Swabs: DME	Bulk/Dust/Swabs/Agar Plates: CULTURE	Bulk/Dust/Swabs: Culture Quantification	Air:Non-viable Spore Count: Air-O-Cell, etc	Air: Viable- Andersen/RCS/Other	Bacteria: Total Aerobic Count	Bacteria: E.coli -Coliforms/Legionella, etc	Other (specify):

Collected By:	**Date:**	**Received in Lab by:**	**Date:**
Signature:	**Time:**	**Signature:**	**Time:**
		Samples acceptable for analysis (Yes/No)	
Relinquished by:	**Date:**	**Reasons if not acceptable:**	
Signature:	**Time:**	**LAB REFERENCE #:**	**Sample Temp. (°C):**

Note: **R**ush: 24 hours; **S**tandard: 2-4 working days; **H**oliday: weekends & public holidays. Samples received after 2:00 PM are considered for next Business day.

Client's Signature To Authorize Testing: Date: Page __ of __

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Sample Pricing

Analysis Requested	Number of Samples	Price per sample	HST (see below)	Sub-total
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: Detailed Report				
			Total Amount	

HST Ontario (13%); HST British Columbia (12%)

Payment Options

(If you would like to open a credit account with us for future payments, please request for credit application forms)

☐ 1. I have enclosed a cheque for the total amount OR

☐ 2. I will be using a Purchase Order : PO # : _____ OR

☐ 3. Please charge my credit card for the total amount:

	VISA	MasterCard
Expiry Date:		
Card No.:		
Name on Card:		
Billing Address (if different from address on Chain of Custody):		
Signature of Cardholder:		
Date:		