MBL
Mold & Bacteria Consulting Laboratories
1020 Brevik Place, Unit 1A
Mississauga, ON L4W 4N7
Phone: 905-290-9101
Fax: 905-290-0499

Chain of Custody Record

(ISO/IEC 17025:2017 Accredited Laboratory...)

TRUSTED LABORATORIES
info@moldbacteria.com

Company Name:	Project Name:
Contact Name:	Job #:
Address:	Do you want the lab to help with results interpretation? Yes ☐ No ☐
	Pre-remediation samples ☐ / Post-remediation samples ☐
	For culture samples, do you want ID to Genus ☐ or Species ☐?
	Any Other Instruction?
E-Mail:	Turnaround Time (DME* samples only)
Phone:	☐ 4 hours / ☐ 2 days / ☐ 5 days
Payment: Visa/MasterCard/Cheque	☐ 8 hours / ☐ 3 days / ☐ 1 week
	☐ 24 hours / ☐ 4 days / ☐ 2 weeks

Client Sample ID Number	Lab ID Number (assigned by lab)	Date Collected	Sample Type	Sample Location/Description	Air Sample: Flow Rate (L/M)	Air Sample: Sampling Duration (mins.)	Swab: Area Sampled (unit sq.)	MOULD: DME*: Bulk/Tape-lift/Dust/Swab: Identification	MOULD: DME*: Air-O-Cell/Allergenco-Spore Count & ID	MOULD: CULTURE: Air/Bulk/Swab: Total Count	MOULD: CULTURE: Air/Bulk/Swab: Identification	MOULD: CULTURE: Air/Bulk/Swab: Count & Identification	BACTERIA: CULTURE: Air/Bulk/Swab: Total Count	BACTERIA: CULTURE: Air/Bulk/Swab: Identification	BACTERIA: CULTURE: Air/Bulk/Swab: Count & Identification	BACTERIA: CULTURE: *E.coli* and Coliform	BACTERIA: CULTURE: *Legionella* Detection	BACTERIA: CULTURE: Other (specify):

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

Note: Samples received after 2:00 PM are considered for next business day. *DME-Direct Microscopic Examination

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

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☐	Please charge my credit card for the following amount: **$**	Initial_____
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PLEASE READ:

Customer agrees that all information provided is complete and correct. Customer also acknowledges that all orders may be immediately terminated or withheld at **Mold & Bacteria Consulting Laboratories'** discretion if any charges are declined or charge backs are claimed against any outstanding invoices amount. Disputes to amounts should immediately be reported to info@moldbacteria.com.

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Authorized Signature: _____ Date: _____