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 Mississauga, ON L4W 4N7
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Chain of Custody Record

(More Than Just Lab Results...)

204 - 4475 Wayburne Drive
 Burnaby, BC V5G 4X4
 Phone: 604-435-6555
info@moldbacteria.com

Company Name:				Project Name:				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-Culture	Bacteria: Legionella Testing-Culture	Other Bacteria (specify):	Other (specify):
Contact Name:				Job #:											
Address:				Phone:											
				Fax:											
				E-Mail:											
				Payment Options: Visa/MasterCard/Cheque											
				Do you want the lab to help with results interpretation? (Yes/No)											
For culture samples, do you want ID to Genus or Species?				Post-remediation samples <input type="checkbox"/>		Turnaround Time*									
Any Other Instruction?				Pre-remediation samples <input type="checkbox"/>		<input type="checkbox"/> 4 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 24 hours <input type="checkbox"/> 2-3 days <input type="checkbox"/> 4-5 days <input type="checkbox"/> 6-14 days									
Client Sample ID Number	Lab ID Number (assigned by lab)	Date Collected	Sample Type	Sample Location/Description	Air Samples		Swab								
					Flow Rate (L/M)	Sampling Duration (mins.)	Area Sampled (unit sq.)								
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: Turnaround time options apply to non-culturable samples only (DME and Air: Non-viable). Samples received after 2:00 PM are considered for next business day.
 Client's Signature To Authorize Testing: _____ Date: _____ Page ___ of ___

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information		
Company Name:		
Person Authorizing:		
Credit Card Type:	Visa <input type="checkbox"/> Master Card <input type="checkbox"/>	
Credit Card Number:		
Enter CVC Number:	<i>Last 3 digits from back of the card or 4 digits from the face of the card.</i>	
Expiration Date:		
Billing Address:		
City:		
State/Province:		
Country:		
Postal Code:		
Phone & Fax Number:		Fax:
Email Address:		
Please select one of the following Payment Options:		
<input type="checkbox"/>	Please charge my credit card for the following amount: \$	Initial _____
<input type="checkbox"/>	Please charge my credit card for each project I submit to MBL Inc.	Initial _____
<p>PLEASE READ:</p> <p>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.</p> <p>Changes in the status of the card should immediately be reported to info@moldbacteria.com.</p>		

Authorized Signature: _____ **Date:** _____