

nain of Custody Record

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



info@moldbacteria.com

of .

020 Brevik Place, Unit 1A	
lississauga, ON L4W 4N7	Ch
hone: 905-290-9101	

MOULD BACTERIA Company Name: Project Name: DME* CULTURE **CULTURE** Contact Name: Job #: Identification $\overset{\otimes}{\square}$ Count & Identification Count & Identification Address: Do you want the lab to help with results interpretation? Yes \(\Dag{\text{No}} \) Pre-remediation samples ☐ Post-remediation samples For culture samples, do you want ID to Genus \square or Species \square ? Identification Air/Bulk/Swab: Identification Air-O-Cell/Allergenco-Spore Bulk/Tape-lift/Dust/Swab: Any Other Instruction? E-Mail: egionella Detection Phone: Turnaround Time (DME* samples only) and Coliform ☐ 8 hours ☐ 24 hours ☐ 2-3 days ☐ 4-5 days Payment: Visa/MasterCard/Cheque ☐ 6-10 days 4 hours Air/Bulk/Swab: Air/Bulk/Swab: Air/Bulk/Swab: Air/Bulk/Swab: Air Sample Swab LabID Client Number Date Sample Sampling Area Sample ID Sample Location/Description Flow Rate (assigned Collected E.coli Type Duration Sampled Number (L/M) by lab) (mins.) (unit sq.) Collected by: Received in Lab by: Signature: Signature: Date: Date: lTime: 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.

Client's Signature To Authorize Testing:

*DME-Direct Microscopic Examination

Date: Page

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