

CHAIN OF CUSTODY

Air Allergen & Mold Testing
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Company:	
Contact:	
Address	
Address	
City, State, Zip	
Phone:	
Email:	

Project	
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Date and Time Collected:	
Collected by:	

Sample ID / Serial #	Location	Test Type*	Volume** / Area***	TAT	RH	Temp	Notes
	Outside						

****Volume** = # minutes x Liters/minute
*****Area** = in², ft², cm², m², m³

*** Microscopic Exam**
Spore Trap = AOC, Allergenco, Micro 5, etc.
Tape, Swab, Bulk (Specify)(Qualitative only)

*** Fungi Culture**
Air, Bulk, Dust, Swab (specify to genus or species level)

TAT = Up to 3 hours, Same Day, Next Day, 2 - 5 day
 (Applies to Spore Traps & Direct Microscopic Exams only)
 (Same day must be at lab by 2:00 PM ET)

Relinquished by	
Time and Date	

Received by	
Time and Date	

FEDEX	_____	Drop Off	_____
UPS	_____	Other	_____
USPS	_____		

Air Allergen # _____

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Report type:

Lab Only Basic
 Lab Only Extended
 Lab Only Ext. w/Remediation

Chain Link
 Chain Link Pro
 Air Allergen