CERTIFIED ENVIRONMENTAL LABORATORY
918 Highway 33, Suite 2, Freehold, NJ 07728, 732-534-4892

CHAIN OF CUSTODY FORM

Certified Environmental Project #

MOLD SAMPLE SUBMISSION

Company:		Project Number:		Phone #:	
Address:		Project Name:		Fax #:	
City, State, Zip:		Project Location:		E-Mail:	
Samples Collected By:				Payment Method:	
Date Collected				Account #	

Sample Types	Analysis Types	Turn Around Time
(**AC**) Air Cassette	(**ID&C**) Identification and fungal spore counts	1 day | 2 day | 3 day
(**T**) Tape	(**ID**) Identification of fungal spores	1 day | 2 day | 3 day
(**S**) Swab	(**ID**) Identification of fungal spores	1 day | 2 day | 3 day
(**B**) Bulk	(**ID**) Identification of fungal spores	1 day | 2 day | 3 day

Sample #	Sample Identification	Sample Type	Analysis Type	Turn Around Time	Flow Rate (Liters/min)	Total Volume (L)	Start Time	Stop Time
Notes:								
Notes:								

Relinquished By	Date	Time	Received By	Date	Time