



Chain of Custody

Client: _____

Project Name: _____
Project No.: _____

Office Phone: _____
Cell Phone: _____
FAX / Email 1: _____

Contact 1: _____
Contact 2: _____
FAX / Email 2: _____

Special Instructions: _____

Matrix:

- | | | | |
|--------------------------------|--------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Air | <input type="checkbox"/> Soil | <input type="checkbox"/> Bulk | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Water | <input type="checkbox"/> Paint | <input type="checkbox"/> Surface Dust / Wipe _____ | |

Analysis Method:

- | | | |
|--|---|--|
| <input type="checkbox"/> PCM : NIOSH 7400 | See Page 2 for Bulk Asbestos Specific Log | <input type="checkbox"/> TEM : AHERA |
| <input type="checkbox"/> PCM : OSHA | <input type="checkbox"/> PLM : Bulk Asbestos EPA 600 | <input type="checkbox"/> TEM : NIOSH 7402 |
| <input type="checkbox"/> PCM : TWA | <input type="checkbox"/> PLM : Point Counting 198.1 | <input type="checkbox"/> TEM : Dust / Wipe |
| <input type="checkbox"/> AAS : Lead in Air | <input type="checkbox"/> PLM : NOB via 198.1 (PLM only) | <input type="checkbox"/> TEM : Dust / Microvac |
| <input type="checkbox"/> AAS : Lead in Water | <input type="checkbox"/> If <1% by PLM, to TEM via 198.4 ² | <input type="checkbox"/> TEM : NOB 198.4 |
| <input type="checkbox"/> AAS : Lead in Paint | <input type="checkbox"/> PLM : See page 2 for instructions | <input type="checkbox"/> TEM : Bulk Analysis |
| <input type="checkbox"/> AAS : Lead Dust/Wipe ¹ | See Page 4 for Mold Specific Log | <input type="checkbox"/> TEM : Potable Water |
| <input type="checkbox"/> AAS : Lead in Soil | <input type="checkbox"/> IAQ: I Bioaersol Fungal Spore Trap ³ | <input type="checkbox"/> TEM : Non-Potable Water |
| <input type="checkbox"/> AAS : TCLP | <input type="checkbox"/> IAQ: II Bioaersol Fungal Spore Trap ⁴ | <input type="checkbox"/> TEM : Other _____ |
| <input type="checkbox"/> AAS : Metals (Cd, Zn, Cr) | <input type="checkbox"/> IAQ: Tape, Bulk, Misc. Qualitative ³ | <input type="checkbox"/> Total Dust : NIOSH 0500 |
| | <input type="checkbox"/> IAQ: Tape, Bulk, Misc. Quantitative ³ | <input type="checkbox"/> Total Dust : NIOSH 0600 |
| | <input type="checkbox"/> IAQ: Other Culturable ID ² | |

1- Requires ASTM acceptable material 2- Call to confirm TAT 3- Non-culturable 4- With Non-fungal Microscopic Exam

Turnaround Time:

Preliminary Results Requested By... _____ Verbals FAX Email
date / time

- 10 Day 5 Day 3 Day 2 Day 1 Day* 12 Hour** 6 Hour** RUSH**

* End of next business day unless otherwise specified. ** Matrix Dependent. Please notify the lab before shipping.

Sample Numbers:

Client #(s): _____ - _____ IATL#(s): _____ - _____ Total: _____
(start) (end) (start) (end)

Please use your sample log to supply sampling information (ex. Volumes, areas, descriptions, locations, etc.) or download forms at iatl.com

Chain of Custody:

Relinquished (Name / Organization): _____	Date: _____	Time: _____
Received (Name / IATL): _____	Date: _____	Time: _____
Sample Login (Name / IATL): _____	Date: _____	Time: _____
Sample Prep (Name / IATL): _____	Date: _____	Time: _____
Analysis(Name(s) / IATL): _____	Date: _____	Time: _____
QA/QC Review (Name / IATL): _____	Date: _____	Time: _____
Archived / Released: _____ QA/QC InterLAB Use: _____	Date: _____	Time: _____



Chain of Custody

- Mold / Fungal Analysis -

Contact Information	
Client: _____ _____	Project Name: _____ Project No.: _____
Office Phone: _____	Contact 1: _____
Cell Phone: _____	Contact 2: _____
FAX / Email 1: _____	FAX / Email 2: _____

Mold Analytical Services/ Special Instructions	
[] Non-Culturable:	
[] Mold / Bioaersol Fungal Spore Trap:	Proprietary Method for Airborne Fungal Spore Identification / Quantitation Zefon Air-O-Cell™, or Air-O-Cell-like cassette (ex. Allergenco™, Micro5™, etc.)
[] Mold / Tape, Swab, Bulk:	Proprietary Method for Direct Transfer Fungal Spore Identification Zefon Bio-Tape™, other transparent cellophane tape
[] Mold / Miscellaneous:	Proprietary Method for Fungal Spore Identification in Carpets, Dusts, Surfaces Micro-Vacuum Cassettes, Carpet samples, etc. (ex. AIHA Vol. 64, No. 6, 11/2003)
[] Culturable:	
[] Mold / Bioaersol Fungal Contact Plate (Qualitative Only):	Proprietary Method for Airborne Fungal Spore Identification (non-quantifiable) Anderson™ Plates, Bio-Cassette™, Surface Air Sampler, or aerosol impacted growth medium
[] Mold / Bioaersol Fungal Contact Plate (Qualitative and Quantifiable):	Proprietary Method for Airborne Fungal Spore Identification (Quantifiable in CFU) Anderson™ Plates, Bio-Cassette™, or aerosol impacted growth medium
[] Mold / Swab, Bulk:	Proprietary Method for Growth and Identification of Fungal Spores Sealable/Sterile Swab, Bulk, (Call lab for availability)
[] Mold / Miscellaneous:	Proprietary Method for Growth and ID of Fungal Spores in Carpets, Dusts, Surfaces Micro-Vacuum Cassettes, Carpet samples, etc. (ex. AIHA Vol. 64, No. 6, 11/2003)

Turnaround Time:	Preliminary Results Requested By... _____	<input type="checkbox"/> Verbals	<input type="checkbox"/> FAX	<input type="checkbox"/> Email
	date / time			
	[] 10 Day [] 5 Day [] 3 Day [] 2 Day [] 1 Day*	[] 12 Hour**	[] 6 Hour**	[] RUSH**
Note: Viable / Culturable samples may require several days in order to establish countable colony forming units (CFU) of fungi. * End of next business day unless otherwise specified. ** Matrix Dependent. Please notify the lab before shipping.				

Chain of Custody	
Relinquished (Name / Organization): _____	Date: _____ Time: _____
Received (Name / IATL): _____	Date: _____ Time: _____
Sample Login (Name / IATL): _____	Date: _____ Time: _____
Analysis(Name(s) / IATL): _____	Date: _____ Time: _____
QA/QC Review (Name / IATL): _____	Date: _____ Time: _____
Archived / Released: _____ QA/QC InterLAB Use: _____	Date: _____ Time: _____

