



Chain of Custody / Sample Log Mold / Fungal

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Client: _____

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

Project Name: _____
Project No.: _____

Contact 1: _____
Contact 2: _____
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... _____

Verbals FAX 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: _____

