

Chain of Custody

–Mold / Fungal Analysis –

Contact Information

Client Company: _____	Project Number: _____
Office Address: _____	Project Name: _____
City, State, Zip: _____	Primary Contact: _____
Fax Number: _____	Office Phone: _____
Email Address: _____	Cell Phone: _____

Mold Analytical Services/ Special Instructions

- Non-Culturable:**
 - Mold /Bioaersol Fungal Spore Trap:
Proprietary Method for Airborne Fungal Spore Identification/Quantitation Zefon Air-O-Cell_{TM}, or Air-O-Cell-like cassette (ex. Allergenco_{TM}, Micro5_{TM}, etc.)
 - Mold/Tape, Swab, Bulk:
Proprietary Method for Direct Transfer Fungal Spore Identification Zefon Bio-Tape_{TM}, 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_{TM} Plates, Bio-Cassette_{TM} 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_{TM} Plates, Bio-Cassette_{TM}, 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 Date: _____ Verbal Email Fax

- Specific 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.*****

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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: _____

