iATL INTERNATIONAL
ASBESTOS TESTING LABORATORIES

9000 Commerce Parkway, Suite B • Mount Laurel, NJ 08054
Phone: 877-428-4285/856-231-9449 • Fax: 856-231-9818

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 aersol 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 aersol 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.***

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: _____

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Sample Log

–Mold / Fungal Analysis–

Client: _____ Project_____

Mold Sample Log				
Client Sample #	**iATL #**	**Location/Description[1]**	**Sample Volume or Area (units)**	**Notes/Conditions[2]**

[1] *Description includes sample matrix. Location should include general area of country (see below).*
Matrix: Air Non-Viable_____ Air Viable _____ Tape_____ Swab_____ Bulk_____ Contact Plate_____ Other_____
Location: Inside_____ Outside _____ Basement _____ Other _____
[2] *Evaluation of Mold/Fungal Spore Samples may be aided by detailed observations and documentation of sampling conditions.*
Weather: No Precipitation _____ Light Precipitation_____ Moderate Precipitation_____ Heavy Precipitation_____
No Wind _____ Light Wind _____ Moderate Wind _____ Heavy Wind _____

Date/Time: _____AM / PM
Temperature: _____°C / °F
Relative Humidity: _____%
RH Area /General: _____(ex. Mountains)