moldlab

FM-17 External 10 Line Chain of Custody Form

Company name							
Address		City		State		ZIP	
Project name						Submitted By:	
Project address					ZIP	Cell phone	
Project#(optional)		Turnaround Time				Email address:	
Sample Date		3HR ○	6HR ○	24HR ○	48HR ○	3DAY ○	5DAY ○
						CC:	
						CC:	

By providing your cell number, you agree to receive text messages regarding this project.

Test Codes

MOLD			ASBESTOS
Air Samples	Surface Samples		
1. Spore Trap: mold only	3. Tape/Swab/Bulk: mold only ratings	9. Tape/Bulk: mold only – s/cm²	7. PLM
2. Spore Trap: mold & other particle	4. Tape/Swab/Bulk: mold & other particle ratings	10. Tape/Bulk: mold & other particles – s/cm²	8. PLM Point Count

Sample # *or* ID		Sample Name, Location *or* Description	Temp	R.H.%	Test code	Time on (applicable to air samples only)	Time off (applicable to air samples only)	Total Vol. (applicable to air samples only)	Sample Type (Bulk, Tape, Swab, Allergenco, ect.)	No. of Containers
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Payment options		
○	Invoice to account	
○	Process credit card on file	
○	enclosed check#	

Released by *(your signature)* *By signing this document, you certify that these samples were not tampered with while under your care and accept the Moldlab, Ltd Terms of Service, available at Moldlab.com/Terms.*

Time:_____

X_____ Date:_____

Received Date Stamp:

Field Notes:

Special Instructions:

Tracking #:

Lab Job #s: _____ _____

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