



CHAIN OF CUSTODY

MOLD SAMPLING

Criterion Project #
(Laboratory use only)

Customer Information	Company Name:		Billing Information	Company Name <input type="checkbox"/> Same as customer info	
	Contact Name:			Billing Contact:	
	Street Address:			Street Address:	
	City, State, ZIP:			City, State, ZIP:	
	Country:	Phone:		Country:	Phone:
	Email(s) for Report:			Email(s) for Invoice:	

Site Information	
Site Street Address:	City, State, ZIP:

Turnaround Time (TAT)*							
<input type="checkbox"/> 3-Hour	<input type="checkbox"/> 6-Hour	<input type="checkbox"/> 24-Hour	<input type="checkbox"/> 48-Hour	<input type="checkbox"/> 72-Hour	<input type="checkbox"/> 96-Hour	<input type="checkbox"/> 1-Week	<input type="checkbox"/> 2-Week

Sample Information			
Selection	Matrix	Method	Instrument
<input type="checkbox"/>	Air-o-Cell™ Cassette	ASTM D7391	Brightfield Microscope
<input type="checkbox"/>	Tape Lift/Bulk/Swab/Wipe	ASTM D7658	Brightfield Microscope

Sample #	Sample Location	Volume/Area (Air-o-Cell™ Cassette)	Flow Rate (Air-o-Cell™ Cassette)	Start/Stop Times (Air-o-Cell™ Cassette)	Sample	
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Printed Name of Sampler:	Date/Time:
Relinquished by:	Date/Time:
Comments:	



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					Date	Time
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