

## **CHAIN OF CUSTODY**

Criterion Project # (Laboratory use only)	
(Laboratory use only)	

Cr	iterion			MO	LD TESTING	•		l			
Company Name:					Company Na	ame:		Same as customer info			
Contact Name:				li ji	Billing Conta	act:			diffe us cus		
Street Address:				rma	Street Addre	ss:					
City, State, ZIP:				Infe	Billing Contact:  Street Address:  City, State, ZIP:  Country:  Phone:						
Contact Name:  Street Address:  City, State, ZIP:  Country:  Phone:  Email(s) for Report:				- Julia	Country: Phone:						
Email(s) for Report:					<b>~</b>	Email(s) for	Invoi	ce:			
				T	Project Informat	ion					
Site Street Add	lress:				*	ate, ZIP:					
Cuitania a Dua	osal # (if applic	-1-1-).		C	ontract Informa		-4-1-		-1-1-7-		
Criterion Propo	osai # (ii appiic	аые):			P.O. Ni	imber associ	iated v	with Project (if applic	:abie):		
				R	eferral Informa	tion					
Referred by:											
				Tui	rnaround Time (	TAT)					
☐ Same I	Day*	24-Hour	☐ 48-H		72-Hour		96-H	96-Hour 1-Week			2-Week
*For same-day 12 PM will incu	*For same-day turnaround, samples must be received by 12 PM. Samples dropped off before 9 AM will incur the 6-hour rate. Samples dropped off between 9 AM and 12 PM will incur the 3-hour rate. Certain analyses may not be eligible for all turnaround times.										
				S	Sample Informat	ion					
Selection	Matrix	TATAL .		Metho				Instrument			
	Air (Air-o-Ce Surface/Bulk/	/Swab/Wipe (Ta	pe Lift)	ASTM I		Brightfield Microscope  Brightfield Microscope					
					Volume/Area						ole
Sample #		Sample Lo	ocation		(Air)			Start/Ston Lin	166	Saiiii	Time
					( )	(Air)		Start/Stop 1 in (Air)		ate	Time
						(Air)					Time
						(Air)					Time
						(Air)		(Air) / / / /			Time
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						(Air)		/ (Air) / / / / / / / / / / / / / / / / / / /			Time
						(Air)		(Air) / / / / / / / / / / /			Time
						(Air)		(Air) / / / / / / / / / / / / /			Time
						(Air)		(Air) / / / / / / / / / / /			Time
Printed Name	-							(Air) / / / / / / / / / / / / / / / / / / /	D:		Time
Printed Name	-							(Air) / / / / / / / / / / / / /	D:		Time
Relinquished	-	Use Only):					Date	(Air) / / / / / / / / / / / / / / / / / / /	D:		Time
Relinquished	by:	Jse Only):					Date	/ (Air) / / / / / / / / / / / / / / / / / / /	D:		Time



Page \_\_\_\_\_ of \_\_\_\_

## CHAIN OF CUSTODY MOLD TESTING

Criterion Project # (Laboratory use only)	

Sample #	Sample Location	Volume/Area	Flow Rate	te Start/Stop Times	Sample			
Sample #	Sample Location	(Air)	(Air)	(Air)	Date	Time		
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Printed Name								
Relinquished by:				Date/Time Relinquished:				
Received by (Laboratory Use Only):				Date/Time Received:				
Comments:			I					