



# CHAIN OF CUSTODY

## MOLD TESTING

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:	

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

Contract Information	
Criterion Proposal # (if applicable):	P.O. Number associated with Project (if applicable):

Referral Information	
Referred by:	

Turnaround Time (TAT)						
<input type="checkbox"/> Same Day*	<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

\*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.

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

Sample #	Sample Location	Volume/Area (Air)	Flow Rate (Air)	Start/Stop Times (Air)	Sample	
					Date	Time
				/		
				/		
				/		
				/		
				/		
				/		
				/		
				/		

Printed Name of Sampler:	
Relinquished by:	Date/Time Relinquished:
Received by (Laboratory Use Only):	Date/Time Received:
Comments:	

