



Drop Off and Office Location: Phone: (215) 244-1300
 Criterion Laboratories, Inc. (CLI) Email: info@criterionlabs.com
 400 Street Road www.criterionlabs.com
 Bensalem, PA 19020 AIHA Lab ID: 100424

CHAIN OF CUSTODY

Mold Analytical Request Document

All highlighted items (in yellow) should be filled in.

Incomplete forms may cause a delay. Please write clearly and legibly.

Criterion Project #
 (Laboratory use only)

Customer Information				Billing Information					
Company Name:				Company Name:		<input type="checkbox"/> Same as Customer info			
Contact Name:				Contact Name:					
Street Address:				Street Address:					
City, State, ZIP:				City, State, ZIP:					
Phone:				Phone:		PO#:			
Email(s) for Report:				Email(s) for Invoice:					
Project Information				Sample Type/Analysis Selection					
Project Name/Number:				<input type="checkbox"/> Air (Air-o-cell™ Cassette)		ASTM D7391-20 via Brightfield Microscope			
Project Location: (Site Address)				<input type="checkbox"/> Surface/Bulk/Swab/Wipe (Tape Lift)		ASTM D7658-17(2021) via Brightfield Microscope			
				<input type="checkbox"/> Dust Characterization		EPA 600/R-93/116 and/or SM D7391-09			
Turnaround Time (TAT) Note: Standard TAT is 1 Week						*For same day turnaround, samples must be received by 12 PM and must be confirmed by a Criterion employee. 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.			
<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			
Sample #	Sample Location			Volume (Air)	Flow Rate (Air)	Start/Stop Times (Air)	Collection	Sampler's Initials	
							Date		Time
Comments:						Subcontracted Work			
Date Received by Lab (Lab Use Only):				Due Date:					
Relinquished By:				Date/Time	Received By:		Date/Time		
Print: _____		Signature: _____							
Print: _____		Signature: _____							
Print: _____		Signature: _____							
Print: _____		Signature: _____							
						Sample Received By:			
						<input type="checkbox"/> Subcontracted Work Sub Lab ID: _____			
						Sub Lab: _____			
						Address: _____			
						Subbed Samples: _____			
						Date/Time: _____ Delivery: _____			
						<input type="checkbox"/> CLI Field Project <input type="checkbox"/> Delivered by Client			
						<input type="checkbox"/> Other (Specify): _____			

