

AEROCLEAN MOLD LAB SERVICES

Sample Transmittal Record / Chain of Custody Record

Website: envirohyg.com/mold-lab

Email: ihlab.services@gmail.com

Project Id: _____

CLIENT NAME:		CONTACT PERSON:		STANDARD PROFILE: FUNGI COUNT AND GENUS ID. <input type="checkbox"/>		
ADDRESS:		PHONE NUMBER:		EXPANDED PROFILE: FUNGI COUNT, GENUS ID, PLUS SKIN, POLLEN, INSECT PARTS, AND FIBERS <input type="checkbox"/>		
REPORT PREFERENCE:	<input type="checkbox"/> EMAIL _____@_____	<input type="checkbox"/> FAX NO: _____		Payment Method: <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Check		
SPECIAL INSTRUCTIONS / COMMENTS.				DIRECT EXAM RESULTS PRIORITY <input type="checkbox"/> HIGH (24 HR) COSTS PLUS 40% <input type="checkbox"/> ROUTINE (2 to 3 days, except for culture media which is 5 to 10 days)		
SAMPLE ID NO:	DATE	SAMPLE TYPE S=Swab; A=Air; T=Tape; B=Bulk SC= Swab Culture	SAMPLE DESCRIPTION /LOCATION	SAMPLE FLOW RATE (LPM)	SX. TIME (MIN)	COLLECTED BY:
SUBMITTED BY:		DATE:		COMMENTS		
RECEIVED BY:		DATE:				
ANALYZED BY:		DATE:				

We are not responsible for the sampling methods and techniques that were applied to obtain the samples, nor are we responsible for how these results may be used, communicated, or interpreted by the client.

Mail samples to: 32170 2nd St #471, Springfield, LA 70462

For questions and current pricing call 985-966-6222