APPLIED LABORATORY SERVICES, LLC

Chain of Custody
Mold Analyses

Customer Name: _____ Project Name: _____

Address: _____ Project Location: _____

_____ Collected By: _____

Customer PO#: _____ Date Submitted: _____

Project Number: _____ ALS MLIMS#: _____

Sample Type (Check One): _____ **Air Cassette** (Direct ID & Enumeration)

_____ **Bulk** (Direct ID & Semi-Quantification)

_____ **Tape** (Direct ID & Semi-Quantification)

Turn Around Time Requested (Circle One): 3 hr. Same Day 24hr 48 hr.

****Use One Chain of Custody Per Analysis Type****

Sample No.	Sample Date	Start Time	Stop Time	Flow Rate	Volume (L)	Sample Identification/Description

Special Instructions: _____

Released By	Company	Date/Time	Received By	Company	Date/Time

Note: Samples received after 1:00 p.m. may be processed the next business day.

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