

APPLIED LABORATORY SERVICES, LLC

Chain of Custody Mold Analyses

Customer Name: _____ Project Name: _____
 Address: _____ Project Location: _____
 City, State, Zip: _____ PO #: _____
 Email: _____ Project #: _____
 Phone #: _____ Special Instructions: _____
 Collected by: _____ **Need Results by (Date):** _____
 Date Submitted: _____ ALS LIMS #: _____

Sample Type (Check One)

_____ **Air Cassette** (Direct ID & Enumeration) _____ **Tape** (Direct ID & Semi-Quantification)
 _____ **Bulk** (Direct ID & Semi-Quantification) _____ **Swab** (Direct ID & Semi-Quantification)

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

Turn Around Time Requested : _____ **3 hr.** _____ **Same Day** _____ **1 day** _____ **2 day**

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

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

Released By (Print)	Signature	Date	Received By (Print)	Signature	Date