

# Chain of Custody



Company:		
Contact:	P.O. #:	
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Sampling Technician:		
Submitted By:	Phone:	

Project Name:	Job #:	
Building:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Comments: _____		

• Air Handler Unit or Zone #					
• Location (Area)					
• Test Site (Surface / Sampling Point)					
• Sample Type					
• Sample Serial #					
• Lab Sample #					
• Field Sample #					
• Date of Test					
• Time of Test					
• Flow Rate: Liters / Min					
• Duration (minutes)					
• Technicians Name:					
• Process Time:	STD / 24 HR / Same Day	STD / 24 HR / Same Day	STD / 24 HR / Same Day	STD / 24 HR / Same Day	STD / 24 HR / Same Day

### INDEX / SAMPLE TYPE:

*AOC <sup>1</sup>	Full Profile	DSMSC	Dust / Mold Spore Count	* Bulk MO	Mold Only	AHUDAS	AHU Dust Allergen
AOCMO	Mold Only	DAS	Dust Allergy Screen	SWABTH	Fungi / Bacteria / Thermophillic	AHUMO	AHU Mold Only
STP <sup>2</sup>	Full Profile	Bulk	Fungi / Bacteria / Thermophillic	SWABBF	Fungi / Bacteria Only	OTHER: (SPECIFY)	
STPMO	Mold Only	Bulk BF	Bacteria / Fungi	SWABMO	Mold Only		

1. Spore Trap Analysis for Air Sampling
2. Surface Microscopy on Bio-Scan400, Surface Tape Imprint Etc...

<p><b>Submit Samples To:</b></p> <p style="text-align: center;">Environmental Diagnostics Laboratory A Division of Pure Air Control Services 4911 Creekside Drive, Suite C, Clearwater, FL 33760 Ph: 800-422-7873 ext. 303 Fx: 727-572-5859 Website: <a href="http://www.pureaircontrols.com">www.pureaircontrols.com</a></p>
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<b>LAB USE ONLY</b>	
Client #:	Work Order #:
Sample Accepted:	Yes : _____ No: _____
Accepted By:	Date: _____ Time: _____
Data Entry By:	Date: _____ Time: _____

Note: See Price List for STAT Jobs.

\*Chain of Custody Requirements Subject to the Terms and Conditions of the Business Application