

Fungal / Particulate Sample Chain of Custody Record

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Client: _____
Address: _____
City, State, Zip: _____
Contact: _____
Phone: _____ **Fax:** _____
Email: _____
Other Info: _____

Analysis Type:
Nonviable Options:
 ___ Fungal ID
 ___ Fungal & Particulate ID
 ___ Particulate ID
 ___ Quantitative Analysis
 (Total Count)
 ___ Qualitative Analysis
 (Relative Abundance)
Viable Options:
 ___ Complete Analysis
 ___ Genera Only ___ Stachy Only

Turnaround Time:
 ___ 6 hr **RUSH***
 ___ 24 hours*
 ___ 48 hours
 ___ 3 days
 (NV Std)
 ___ 5 days
 ___ Viable
 (7-10 days)

Project Name: _____ **Project Number:** _____ **P.O. Number:** _____

		Sample Information										Sampling Information							
		Sample Type					Media Type					Sample Date	Sample Time		Sample Flow Rate			Total Volume / Area	
Sample #	Sample Description	Air		Swab		Bulk		Dust		Tape	MEA		Stachy	Other	On	Off	Start		End
		NV	V	NV	V	NV	V	NV	V	NV									

Internal Lab Use Only:
 Prelim Released: _____ Final Results Released: _____ Hardcopy / Invoice Mailed: _____
 By: Fax Phone E-mail Verbal By: Fax Phone E-mail QC & Data Reviewed By: _____

By signing below you are agreeing to comply with Lab/Cor's Requests, Tenders and Contracts. * Call ahead for TATs of 24hrs or less

Relinquished by: _____ Date: _____ Time: _____ Relinquished by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ Time: _____