

CHAIN OF CUSTODY

Air Allergen & Mold Testing
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airallergen@gmail.com

Company: _____
Contact: _____
Address _____
Address _____
City, State, Zip _____
Phone: _____
Email: _____

Project	
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Date and Time Collected: _____
 Collected by: _____

Sample ID	Location	Test Type*	Volume** / Area***	TAT	RH	Temp	Notes

****Volume** = # minutes x Liters/minute
*****Area** = in², ft², cm², m², m³

*** Microscopic Exam**
Spore Trap = AOC, Allergenco, Micro 5, etc.
Tape, Swab, Bulk (Specify)(Qualitative only)

*** Fungi Culture**
Air, Bulk, Dust, Swab (specify to genus or species level)

TAT = Up to 3 hours, Same Day, Next Day, 2 - 5 day
 (Applies to Spore Traps & Direct Microscopic Exams only)
 (Same day must be at lab by 2:00 PM ET)

Relinquished by _____ Time and Date _____	Received by _____ Time and Date _____	FEDEX _____ UPS _____ USPS _____	Drop Off _____ Other _____
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Air Allergen # _____

Report type : Lab Results Lab Results with Remediation