ALS Environmental

Mycology Chain-of-Custody

Client Name & Address:	Project No.:
	Project Name:
Phone:	
FAX:	Sampler Name: *(Printed)*
e-mail:	

Requested Turn Around Time:
☐ Rush (Same Day) ☐ 24 Hours (Next Day)
☐ 2-5 Days (Regular) ☐ Other
(Rush is email or fax data)

Sample Type Codes:
A) Air
D) Dust
T) Tape
S) Surface Swab
W) Water
WC) Wall Check
O) Other

Preservation Codes:
1) Temp at ____oC
2) Sterile Saline
3) Buffer _____

Sample ID	Date	Sample Location Description	Preservation Code	Sample Type Code	Analyses Requested: Air, Microscopic	Air, Culture	Bulk, Microscopic	Bulk, Culture	Dust, Microscopic	Dust, Culture	Surface Microscopic	Surface, Culture	Wall Check	Culture Speciation	Volume/Area	Remarks

Sample Disposal: ☐ Return to Client ☐ Archive for _____ Months ☐ Disposal by Lab (fees may be assessed for samples retained longer than 3 months)

Relinquished by: *(Signature)*	Received by: *(Signature)*	Date	Time
Relinquished by: *(Signature)*	Received by: *(Signature)*	Date	Time
Relinquished by: *(Signature)*	Received by: *(Signature)*	Date	Time

Shipped to:
ALS Environmental
960 West LeVoy Drive
Salt Lake City, UT 84123
Phone: (800) 356-9135
Phone: (801) 266-7700
FAX: (801) 268-9992

White - Laboratory Copy ***Yellow - Client Copy***