ALS Environmental

Mycology Chain-of-Custody

Page _____ of _____

Client Name & Address:

Phone:

FAX:

e-mail:

Project No.:

Project Name:

Sampler Name: *(Printed)*

Requested Turn Around Time:

☐ Rush (Same Day)
☐ 3-5 Days (Regular)
☐ 24 Hours (Next Day)
☐ Other

(All reports are emailed)

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: Non-Viable Fungal Spore Trap & Pollen Count	Fungal Genus Screen Percent Estimate									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:
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