



FM-18 External 20 Line Chain of Custody Form

Company name							
Address		City		State		Zip	
Project name						Submitted By:	
Project address						Cell phone	
Project#(optional)		Turnaround Time			Email address:		
Sample Date		3HR	6HR	24HR	48HR	3DAY	5DAY

Test Codes	MOLD				ASBESTOS		SEWAGE SCREEN
	Air Samples		Direct Exam Samples				
	1. Spore Trap (air): mold only analysis 2. Spore Trap (air): mold & other particles analysis		3. Tape/Swab/Bulk (surfaces): Qualitative mold only analysis w/ratings of 'light, moderate and heavy' 9. Tape/Bulk (surfaces): Quantitative mold only analysis reported in s/cm <sup>2</sup> 10. Tape/Bulk (surfaces): Quantitative mold plus other particle analysis in s/cm <sup>2</sup>		6. PCM: NIOSH 7400 7. PLM 8. PLM (Point Count)		5. E Coli & Total Coliform-presence /absence test

Sample # or ID	Sample Name, Location or Description	Temp	R.H.%	Test code	Time on (air samples only)	Time off (air samples only)	Total Vol. (air samples only)	Sample Type (Bulk, Tape, Swab, Allergenco, ect.)	No. of Containers
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Payment options	Invoice to account	Released by <i>(your signature)</i> <i>By signing this document, you certify that these samples were not tampered with while under your care.</i>
	Process credit card on file	
	check enclosed, #: <input type="text"/>	
		X _____
		Time: _____
		Date: _____

Received Date Stamp:	Lab Job #s:	Field Notes:
		Special Instructions:
		Tracking #: