

# Fungal Spore Chain-of-Custody and Analysis Request Form



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Date of Sampling: \_\_\_\_\_

Job #: \_\_\_\_\_

Date of Sample Receipt: \_\_\_\_\_

Order #: \_\_\_\_\_

Client: \_\_\_\_\_

Location: \_\_\_\_\_

Field Hygenist: \_\_\_\_\_

Sample ID Lab ID	Sample Type (Air, Bulk, Tape)	Air-Flow Time		Air-Flow Rate		Air Volume(L) or Area (in) <sup>2</sup>	Sample Location Description	Turnaround Time						Comments	
		Start	End	Start	End			3-6hr	8-12hr	24hr	48hr	72hr	5-7 day		

<b>Sampled By:</b>	<b>Transported By:</b>	<b>Received By:</b>	<b>Prepared By:</b>	<b>Analyzed By:</b>
<b>Name:</b>				
<b>Signature:</b>				
<b>Date:</b>				