



5930 Midway Park Blvd NE • Albuquerque, NM 87109
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Chain of Custody

Lab Job No.: _____

Page _____ of _____

Client: _____ Lab Contact: _____
 Address: _____ Telephone No.: _____
 City/State/Zip: _____ Fax No.: _____
 Project Name/Number: _____ Email: _____
 Contract/Purchase Order/Quote: _____ Sampler Signature: _____

Type: Air (A) Bulk (B) Tape (T) Swab (S) Culturable (C)				TAT: Normal (N) 48 hour (48) 24 hour (24) Same Day (SD)			
Analysis Requested							

Lab ID No.	Sample Description or Location	Date	Time	Type	Air Volume	TAT					Comments

Relinquished by:		Date:	Received by:		Relinquished by:		Date:	Received by:	
Signature: _____			Signature: _____		Signature: _____			Signature: _____	
Printed: _____		Time:	Printed: _____		Printed: _____		Time:	Printed: _____	
Company: _____			Company: _____		Company: _____			Company: _____	