IRIS Environmental Laboratories

Mold Chain of Custody Form

Page ____ of ____

Company Name		Account #	
Company Address		City/State/Zip	
Phone		Email	
Project / Testing Address			
PO Number		Collected By	
Collection Date & Time		Outside Air Temp		Indoor Air Temp	
Was there any precipitation (rain, sleet or snow) 2 hours of less before taking the samples?	☐ Yes ☐ No		
Turn-Around Time	☐ 4-5 Day ☐ 3 Day ☐ 2 Day ☐ 1 Day ☐ Same Day / Must Call Ahead		

SAMPLE TYPE CODES

AIR/ NON VIABLE		SPORE TRAP		SWAB SAMPLE SURFACE	
Bulk	B	Air-O-Cell	AOC	Non Porous	NP
Swab	S	Cyclex D	C	Semi Porous	SP
Bio-Tape	T	BioSiS	B	Porous	P
Wall Check	W	Micro 5	M5		

LAB NUMBER	Client Sample ID	Collection Location	Sample Type	Air Samples		Swab Samples		Qualitative Particulate Analysis Additional $15.00 per sample	Comments
				Spore Trap Type	Air Volume (Total Liter)	Surface Type (NP/SP)	Area of Mold (Square Feet)		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Released By:		Date:		Time:	
Signature:					

LAB USE ONLY – BELOW THIS LINE

Received By: _____

Signature: _____

Date: ____/____/____ Time: ____:____ ☐ AM ☐ PM

NOTES

ATTENTION: SEND SAMPLES TO THIS ADDRESS

2333 US Highway 22W, Union NJ 07083 (908) 206-0073