

MOLD SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY

Date of Sample Collection: ____/____/____

Circle TAT - 6 Hrs 24 Hrs 48 Hrs 72 Hrs

Client: _____

Job Site Information: Address

Address: _____

City/State/Zip: _____

Contact Phone: _____

E-mail: _____

Job/Project # : _____

Sample #	Sample Type	Sample Description	Total Volume

Analysis Type	Description	Sample Types
Spore Trap S	ID & Enumeration of fungal spores	Spore Trap Cassettes, Impact Slides
S+	I&E of fungal spores + total dander & pollen count	
Direct ID D	ID & semi-quantative enumeration of spores	Tape, Bio-Tape, swab, bulk
D+	ID & enumeration with spore count & mycelium	

Special Instructions: _____

Relinquished By:	Date / Time	Received By:
Name / Company:		IRIS Environmental Laboratories
Signature		Date/Time