

# Sample Transmittal Record / Chain of Custody Record

Texas License #LAB1009  
web ihlab.com

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**In Texas ship samples to:**  
481 Moran Crossing  
Milam, Tx. 75959  
Ph. 409-625-0795

**In Louisiana ship samples to:**  
3433 Hwy. 190, #374  
Mandeville, La. 70471-3101  
Ph. 985-966-6222    Fax 985-626-7685

**Reporting Preference**     Email: \_\_\_\_\_@\_\_\_\_\_     Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Mail: (Enter full address below)

<b>CLIENT NAME / ADDRESS:</b>			<b>CONTACT PERSON:</b>			<b>REPORT NO.:</b>		
			<b>PHONE NO.;</b>			Send Free Mailer?    _____ <b>YES</b>		
<b>PROJECT ID.:</b>			<b>FAX NO.:</b>			REPLACEMENT OF SAMPLE MEDIA DESIRED?    _____ <b>YES</b>		
<b>SPECIAL INSTRUCTIONS / COMMENTS.</b>						<b>RESULTS PRIORITY;</b> <input type="checkbox"/> HIGH (24 HR) COSTS PLUS 40% <input type="checkbox"/> ROUTINE (2 to 3 days, except for culture media which is 5 to 10 days)		
SAMPLE ID NO	DATE	SAMPLE TYPE S=Swab A=Air T=Tape B=Bulk	SAMPLE DESCRIPTION /LOCATION			SAMPLE FLOW RATE (LPM)	SX. TIME (MIN)	COLLECTED BY
<b>SUBMITTED BY</b>		<b>DATE</b>	<b>COMMENTS</b>					
<b>RECEIVED BY</b>		<b>DATE</b>						
<b>ANALYZED BY</b>		<b>DATE</b>						
<b>RESULTS REPORTED BY</b>		<b>DATE</b>						
<small>We are not responsible for the sampling methods and techniques that were applied to obtain the samples, nor are we responsible for how these results may be used, communicated, or interpreted by the client.</small>								
<b>STANDARD PROFILE: FUNGI COUNT AND GENUS ID.</b> <b>EXPANDED PROFILE: FUNGI COUNT, GENUS ID, PLUS SKIN, POLLEN, INSECT PARTS, AND FIBERS</b>								