

# AEROCLEAN MOLD LAB SERVICES

## Sample Transmittal Record / Chain of Custody Record

Texas License: #LAB1009  
 Website: ihlab.com

Page \_ of \_  
 Project Id: \_\_\_\_\_

| CLIENT NAME:                     |  | CONTACT PERSON:  |                              | STANDARD PROFILE: FUNGI COUNT AND GENUS ID. <input type="checkbox"/>   |                |               |
|----------------------------------|--|--|------------------------------|--|----------------|---------------|
| ADDRESS:                         |  | PHONE NUMBER:  |                              | EXPANDED PROFILE: FUNGI COUNT, GENUS ID, PLUS SKIN, POLLEN, INSECT PARTS, AND FIBERS <input type="checkbox"/>  |                |               |
| REPORT PREFERENCE:               | <input type="checkbox"/> EMAIL _____@_____ | <input type="checkbox"/> FAX NO: _____                                 |                              | Payment Method: <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Check  |                |               |
| SPECIAL INSTRUCTIONS / COMMENTS. |  |  |                              | DIRECT EXAM RESULTS PRIORITY<br><input type="checkbox"/> HIGH (24 HR) COSTS PLUS 40%<br><input type="checkbox"/> ROUTINE (2 to 3 days, except for culture media which is 5 to 10 days) |                |               |
| SAMPLE ID NO:                    | DATE                                       | SAMPLE TYPE<br>S=Swab; A=Air;<br>T=Tape; B=Bulk<br>SC= Swab<br>Culture | SAMPLE DESCRIPTION /LOCATION | SAMPLE FLOW RATE (LPM)   | SX. TIME (MIN) | COLLECTED BY: |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
|                                  |  |  |                              |  |                |               |
| SUBMITTED BY:                    |  | DATE:  | COMMENTS                     |  |                |               |
| RECEIVED BY:                     |  | DATE:  |                              |  |                |               |
| ANALYZED BY:                     |  | DATE:  |                              |  |                |               |

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.

**Texas Sample Delivery to:** 481 Moran Crossing, Milam, Tx. 75959  
 Ph. 409-625-0795

**Louisiana Sample Delivery to:** 5860 Citrus Blvd, D #187 New Orleans, La 70123  
 Ph. 985-966-6222

**AEROCLEAN MOLD LAB SERVICES**  
**Sample Transmittal Record / Chain of Custody Record**

**Texas Sample Delivery to:** 481 Moran Crossing, Milam, Tx. 75959  
Ph. 409-625-0795

**Louisiana Sample Delivery to:** 5860 Citrus Blvd, D #187 New Orleans, La 70123  
Ph. 985-966-6222