



5 Allison Drive, Cherry Hill, NJ 08003

Chain of Custody

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Lab Job No.: (lab use only)	Telephone No.:	Contact Person:
Company Name:	Please select: Fax Report () or Email Report ()	Project ID:
Address:	Fax No.:	Date/Time sampled: / / , :
	Email address:	P.O. No.:

Sample ID	Sample Location	Analysis Requested	Turnaround Time			Sample Type (see description below)	Air volume (L) or Area (in ²)	Note (e.g.: material type, weather, etc.)
			Std	24 hr	6 hr			

Sample Types: Air-O-Cell, Bio-Tape, swab, Andersen, bulk, dust, filter cassette, potable water, non-potable water, etc. **Material Types:** wood, paper, etc.
Common Analysis Codes: Fungi, Direct Exam: **FD-01:** Spore Trap (Air-O-Cell, Allergenco-D, etc.); **FD-02:** Tape-lift, Bulk, etc.; **FD-04:** Swab, Bulk, Dust, etc.
 Fungi, Culture: **FC-11:** Air sample impacted onto agar plate (Andersen, etc.); **FC-12:** Swab, Bulk, Dust, etc.

Submitted by: (sign) _____ (print) _____ Date Submitted: ____/____/____
 Received by: (sign) _____ (print) _____ Date and time received: ____/____/____ ____:____