ALS Environmental

Mycology Chain-of-Custody

Client Name & Address:

Phone:

FAX:

e-mail:

Project No.:

Project Name:

Sampler Name: *(Printed)*

Requested Turn Around Time:
☐ Rush (Same Day)
☐ 2-5 Days (Regular)
☐ 24 Hours (Next Day)
☐ Other
(Rush is email or fax data)

Sample Type Codes:
A) Air
D) Dust
T) Tape
S) Surface Swab
W) Water
WC) Wall Check
O) Other

Preservation Codes:
1) Temp at ____oC
2) Sterile Saline
3) Buffer _____

Sample ID	Date	Sample Location Description	Preservation Code	Sample Type Code	Air, Microscopic	Air, Culture	Bulk, Microscopic	Bulk, Culture	Dust, Microscopic	Dust, Culture	Surface Microscopic	Surface, Culture	Wall Check	Culture Speciation	Volume/Area	Remarks

Analyses Requested

Sample Disposal: ☐ Return to Client ☐ Archive for _____ Months ☐ Disposal by Lab (fees may be assessed for samples retained longer than 3 months)

Relinquished by: *(Signature)*	Received by: *(Signature)*	Date	Time
Relinquished by: *(Signature)*	Received by: *(Signature)*	Date	Time
Relinquished by: *(Signature)*	Received by: *(Signature)*	Date	Time

Shipped to:
ALS Environmental
960 West LeVoy Drive
Salt Lake City, UT 84123
Phone: (800) 356-9135
Phone: (801) 266-7700
FAX: (801) 268-9992

White - Laboratory Copy ***Yellow - Client Copy***