

## CHAIN OF CUSTODY

Air Allergen & Mold Testing  
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Company:	
Contact:	
Address	
Address	
City, State, Zip	
Phone:	
Email:	

<b>Project</b>	
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Date and Time Collected: \_\_\_\_\_  
 Collected by: \_\_\_\_\_

Sample ID	Location	Test Type*	Volume** / Area***	TAT	RH	Temp	Notes

<b>**Volume</b> = # minutes x Liters/minute <b>***Area</b> = in <sup>2</sup> , ft <sup>2</sup> , cm <sup>2</sup> , m <sup>2</sup> , m <sup>3</sup>	<b>* Microscopic Exam</b> <u>Spore Trap</u> = AOC, Allergenco, Micro 5, etc. <u>Tape, Swab, Bulk</u> (Specify)(Qualitative only)	<b>TAT = Up to 3 hours, Same Day, Next Day, 2 - 5 day</b> (Applies to Spore Traps & Direct Microscopic Exams only ) (Same day must be at lab by 2:00 PM ET)
<b>* Fungi Culture</b> <u>Air, Bulk, Dust, Swab</u> (specify to genus or species level)		

Relinquished by _____	Received by _____	FEDEX _____	Drop Off _____	
Time and Date _____	Time and Date _____	UPS _____	Other _____	
		USPS _____		

Air Allergen # \_\_\_\_\_

Report type : Lab Results  Lab Results with Remediation