SUMMIT LABORATORY

Chain of Custody

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Project #:

Customer:	Job Description: **Mold - air or tape - microscopy**	Email:

Analytical Parameters (Tests Requested)

Address:	Job Name:
City, Zip:	Contact Person:
Phone:	

Item No.	Product Number / Sample Number	Date Taken	Time Taken	Sample Description / Lot (sample type: air or tape)	No. of containers	*Microscpoy*									Notes:
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Released by:	Received by:	Date:	Time:	Lab Notes:
Released by:	Received by:	Date:	Time:	