



MoldSmart Chain-of-Custody

~ For Lab Use Only

Environmental Hazards Services, LLC

www.leadlab.com
 (800) 347-4010 7469 Whitepine Rd
 (804) 275-4907 (fax) Richmond, VA 23237

Company Name: _____ Address: _____ City/State/Zip: _____

Phone: () _____ Field Phone Number: () _____ Fax: () _____

E-mail: _____ Acct. Number: _____ P.O. Number: _____

Testing Address: _____ City/State (Required): _____

Collection Date: ___/___/___ Collected by: _____

Outside Air Temperature: _____ °F Indoor Air Temperature: _____ °F Was There any Precipitation (Rain, Sleet, or Snow) 2 Hours or Less Before Taking the Samples? Yes N

Turn Around Time (TAT) ___ 1 Day ___ 2-Day ___ 3-Day ___ Same Day (Must Call Ahead) If no TAT is specified, sample (s) will be processed and charged as 3-Day TAT. <u>Standard Viable Sample TAT is 5-7 Days.</u>	<input type="checkbox"/> with Remediation Specifications (Fee Required) <input type="checkbox"/> with Clearance letter (Fee Required)	Sample Type Codes <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;"> Air/Non Viable Bulk = B Swab = S WallCheck = W Bio Tape = T </td> <td style="width: 50%; padding: 2px;"> Air/Viable (Culturable) Total Fungal Count w/ ID = VTF Stachybotrys Culture w/ Total Fungal Count & ID = VS Total Thermophilic Fungal Count w/ ID = VTT </td> </tr> </table>	Air/Non Viable Bulk = B Swab = S WallCheck = W Bio Tape = T	Air/Viable (Culturable) Total Fungal Count w/ ID = VTF Stachybotrys Culture w/ Total Fungal Count & ID = VS Total Thermophilic Fungal Count w/ ID = VTT	Spore Trap Type Air-O-Cell = AOC Cyclax D = C BioSIS = B Micro5=M5	Swab Sample Surface Type Non-Porous = NP Semi-Porous = SP Porous = P
Air/Non Viable Bulk = B Swab = S WallCheck = W Bio Tape = T	Air/Viable (Culturable) Total Fungal Count w/ ID = VTF Stachybotrys Culture w/ Total Fungal Count & ID = VS Total Thermophilic Fungal Count w/ ID = VTT					

No.	Sample Type	Collection Location (Limited to 15 Characters)	Air Samples			Swab Samples		Remarks
			Spore Trap Type	Air Volume (Total Liters)	Media Type (Viable Testing Only)	Surface Type (NP/SP/P)	Area of Mold (In Square Feet - ft ²)	
1								
2								
3								
4								
5								
6								
7								
8								

Released by: _____	Signature: _____	Date/Time: _____
Released by: _____	Signature: _____	Date/Time: _____