AccuGuard Environmental, LLC.
8427 NE Cornell Rd, Suite 100, Hillsboro, OR 97124
971-251-2541 | www.accuguardenviro.com

Chain of Custody - Mold

Name / Company:	Phone:
Contact Name: (If different from above)	Contact Email:
Job Name:	Project Name:
Job / Project Address:	

TEST SELECTION

MICROBIAL ANALYSIS

☐ Air-O-Cell ☐ Tape/Swab (Direct Examination)

OTHER

☐ _____

TURN AROUND TIME (TAT)

☐ Same Day* *Only available if sample is received by 1 pm

☐ 24-48 Hours* *Analysis time includes business days only. Excludes Saturdays/Sundays.

SAMPLE INFORMATION

Sample #	Sample Location/Description	Sample Type (Tape/Air)	Volume (Air Only)	Date / Time Sampled	For Office Use Only

Special Instructions:

Client Signature:	Date:	Time:

OFFICE USE

Received By:		Date:	Time:
Payment Method: ☐ Cash ☐ Check #_____ ☐ Credit/Debit ☐ Credit Card on File		TOTAL $	
Analysis Completed By:		Date:	Time:
Results Sent By: ☐ Mail ☐ Email ☐ Fax	Date Sent Out:		

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Additional pages of the Chain of Custody are only necessary if needed for additional sample information

SAMPLE INFORMATION (CONT.)

Sample #	Sample Location/Description	Sample Type (Tape/Air)	Volume (Air Only)	Date / Time Sampled	For Office Use Only

Special Instructions:

Client Signature:	Date:	Time:
Received By:	Date:	Time:
Payment Method: ☐ Cash ☐ Check #_____ ☐ Credit/Debit ☐ Credit Card on File	TOTAL $	
Analysis Completed By:	Date:	Time:
Results Sent By: ☐ Mail ☐ Email ☐ Fax	Date Sent Out:	

OFFICE USE