



# Safety Environmental Laboratories and Consulting, Inc.

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Environmental, Health, and Safety Solutions

## Mold/Fungal Chain of Custody Form

Customer:			Project Number:		
Address:			Project Name:		
			Project Location:		
Phone:		Fax:	PO Number:		
E-mail:			SEL Proj. #:		

**Turn-Around Time:** ☐ Rush/Same Day<sup>†</sup> ☐ Next Day ☐ 2 Business Days ☐ 3 Business Days ☐ 4 Business Days ☐ Other:

<sup>†</sup> Same day not available after 12:00 PM;

\*\*Results will be submitted by close of business. Business Hours: Monday-Friday 8:00am-5:00 pm (CST)

- Field blanks should be submitted with all samples -

Sample #	Date Sampled	Sample Description (Sampling Area or Material)	Analysis Requested				Vol. (L) / Area (cm <sup>2</sup> )	SEL USE ONLY	
			Air	Swab	Bulk	Tape		#	Cond
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Relinquished by:**

**Received By:**

**Sampled By:**

Signature

Signature	Date	Time	Signature	Date	Time