

CHAIN OF CUSTODY



228 Midway Ln, Suite B
 Oak Ridge, TN 37830
 P:865-813-1700
 F:865-813-1705

Chain of Custody Mold Investigator

Samples Collected By:		Assured Bio Identifier: (Lab Will Assign)	
Address of Home Tested:		E-mail Address to Send Report:	
		Collection Date:	Ship Date:

Sample Number	Sample Room Description	Areas of Room where Dust Reservoirs were Sampled
1		
2		
3		
4		
5		
6		
7		
8		

Sampling Instructions for Mold Investigator

1. Fill out the top part of the chain of custody. Be sure to print e-mail address neatly, since the report will be e-mailed to you.
2. Decide which rooms to sample. The living room and master bedroom should be included. Select other bedrooms or rooms that are used often or are suspect to have a mold issue.
3. Choose a room you want to test first and record the room description in the appropriate box above. Go to that room.
4. Put on gloves (so the sample is not contaminated)
5. Grasp swab just below the bulb that contains the liquid. Pull apart to separate from the swab sleeve, take care not to squeeze or break bulb.
6. Find four areas with dust reservoirs that are exposed to room air. Examples: shelves, desks, tops of picture frames, ceiling fan blades.
7. Gently swab the areas until material is visible on the swab head. Continue to sample the remaining areas in the room. Rotate the swab head slightly between each of the four subsamples collected in the room.
8. After collection, firmly insert swab back into the swab sleeve. Do not bend the bulb at the end of the swab, squeeze the bulb, or otherwise cause the liquid to drain into the shaft.
9. After collecting the room sample, immediately write the corresponding chain of custody sample number on the swab with a permanent marker.
10. Record dust reservoir areas sampled in the appropriate box above, next to the sample description corresponding to the sample number.
11. Place swab in collection bag and repeat the procedure for each room that you have selected for sampling.
12. When finished, sign and date the Chain of Custody and place it and the sample collection devices in the prepaid mailer and return to lab for analysis.

PLEASE DO NOT FORGET TO LABEL SWAB SAMPLES BY PLACING THE CORRECT SAMPLE NUMBER ON THE SWAB

Relinquished / Shipped By: _____ Date: _____

(Please Sign and Date Above)

Received By: _____ Date: _____

(Lab will Sign Above Upon Receipt of Samples)