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General Chain of Custody

Project Name:	
Project Number:	PO Number:
Collection Date:	Rush (Specify TAT and Samples):**
AB Identifier: (for internal use only)	

Inspector:	Company Name:
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Company Address:

Phone:	E-mail:
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For Water Tests Sampling Time: _____ Residual Chlorine: _____ Water Temperature: _____	Sample Codes (SC) MT - M-TRAP® SP - Spore Trap SW - Swab W - Water	B - Bulk TL - Tape Lift D - Dust O - Other	Outside Conditions (Circle all that apply) C - Clear TS - Thunderstorm R - Rain S - Snow W - Wind O - Other
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Sample ID	Description	SC	Volume/Area (If Applicable)	Comments

MoldScan (Direct Exam)	Big 2 (Pen/Asp & Stachybotrys)	ERMI	SIM - Survey of Indoor Molds	SIAM - Species Id of Airborne Molds	Legionella (ISO or CDC ELITE)	Legionella (qPCR)	ViaScan Fungal Genus ID	ViaScan Fungal Species ID*	ViaScan Bacterial Colony Count	ViaScan Bacterial Species ID*	Coliform/E. coli Test (+/-)	FHAVA Water Test	Other:***	Other:***
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*Culture and PCR done at Assured Bio Labs, sequencing subcontracted. **Consult pricing catalogue or call lab for rush availability and pricing. ***Please specify other analysis. Some analyses may be subcontracted, contact Assured Bio for more information.