



Fungal Spore Analysis Samples

Chain of Custody Form

ASTM/D7391-17e1/D7658-17

CONTACT INFORMATION	PROJECT INFORMATION
Client Name:	Project Name:
Client Address:	Project Number:
City, Province, Postal Code:	Project Address:
Phone:	
Email:	
CC Email(s):	

SAMPLE INFORMATION	
Number of Samples:	Date Results Required:
Priority: <input type="checkbox"/> Five Day Turnaround <input type="checkbox"/> Next Day Turnaround <input type="checkbox"/> Same Day Turnaround	
Submitted By:	

BILLING INFORMATION (if different from contact information above)	
Billing Name:	Billing Email:
Billing Address:	

Authorized By: _____ Date: _____

TO BE COMPLETED BY APEX ONLY	APEX Project Number:
Received by:	Date/Time:
Analyzed by:	Date/Time:

Fungal Spore Analysis Samples

Client Name:	Project Number:
APEX Project Number (APEX Only):	

Sampling Log					
Sample Number	Laboratory Sample Number (APEX Only)	Volume (L)	Date of Sampling	Substrate/Location	Analysis Type (Direct Microscopic Only)
					Spore Trap <input type="checkbox"/> Tape Lift <input type="checkbox"/> Bulk Microscopic <input type="checkbox"/>
					Spore Trap <input type="checkbox"/> Tape Lift <input type="checkbox"/> Bulk Microscopic <input type="checkbox"/>
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