



1519 Keehn Road, Kelowna, BC V1X 5T5  
Phone: 250-868-0667  
Email: apex@apexehs.ca

## 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
Invoice Required:    Y    N	Submitted By:

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

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



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## Fungal Spore Analysis Samples

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

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