



Our Ref: _____ Your Ref: _____

Chain of Custody Form

PRE-REMEDICATION

PROGRESS

POST REMEDIATION

Date: _____ Sampled by: _____ Your Contact Person: _____

Your Address: _____

Company submitted by: _____ Transported by: _____

Site Address: _____ Submitted to: **MouldLab**

Contact Person: **David**

Telephone No: _____ Email: _____ Condition on Receipt: _____

Sample No	Date	Sample Type	Flow Rate	Sampling Time in minutes	Sample Location	Analysis Requested	Lab No.

COMMENTS

AOCMID	Count & Identification to genus	S & C	Soot & Charcoal	AOC —Air-O-Cell	Relinquished by:	Date:
BTMID	Count & Identification to genus	SMB4	Surface Mould & Bacterial Culture	BT —BioTape		Time:
VCCCID	Culture & Identification to genus	OTHER Specify		VC —ViaCell	Received by:	Date
CEC	Coliforms & E.coli					

PLEASE RETURN THIS FORM WITH SAMPLES TO:
PO Box 306 Wickham NSW 2293
Or Courier to
MouldLab 4/52 Industrial Drive Mayfield East NSW 2304

Contact Details
Email: david@mouldlab.com.au
Telephone: (02) 4968 8448

Reviewed and Revised: 19/5/2014
Form LAB-3