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FUNGAL ANALYSIS - CHAIN OF CUSTODY

Client:	Sampling Date:	Lab No.
Address:	Turn Around: Immed. 24 Hr. 48 Hr. 3 Day 5 Day Cultures: 7-14 Days	
	Project Name:	

Contact:	Location:
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Phone #	Fax #	Sampled By:	Sample Media:
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Client ID	Lab ID	Room/Area Location	Color/Substrate	*AIR	**SWAB	TAPE

TRANSPORTED TO: LOZIER ENVIRONMENTAL CONSULTING, INC. **Relinquished By:** _____

RECEIVED BY: _____ **Date:** _____ **TIME:** _____

DATE: _____ **TIME:** _____

*Provide volume for results reported in CFU/m³ (Colony Forming Units per cubic meter)
**Provide area for results reported in CFU/Area