

LRC INDOOR TESTING AND RESEARCH

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CHAIN OF CUSTODY

CLIENT NAME	DATE:	LAB NUMBER:	
ADDRESS	PROJECT NAME/P.O.		
	COLLECTED BY:	DATE:	RESULTS: (circle preference) (Results will be mailed otherwise)
	SUBMITTED BY:	DATE:	
PHONE/FAX	EMAIL ADDRESS:		FAX EMAIL

SAMPLE LOCATION & REMARKS	SAMPLE VOLUME/AREA	ANALYSIS*					ADDITIONAL SAMPLE INFORMATION	RUSH	
		FME	NFME	FC	BC	EC		Same Day	24 HR

*FME (Fungal Microscopic Examination), NFME (Non-Fungal Microscopic Examination), FC (Fungal Culture), BC (Bacterial Culture), EC (E.coli ID)

Submitters's Signature:	Date	Time:	Receiver's Signature	Date:	Time:
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Field / Lab Notes: