

LRC Indoor Testing and Research
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CHAIN OF CUSTODY

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Company Name		Phone:				Date:		LAB NUMBER:		
Client Name		Project: IAQ INV CLR LAB				PO Number:				
Address		Project Location/Project Name:								
City/State/Zip Code		Onsite Name:				Collected by:		Date		
Email Address		Onsite Phone #:				Submitted by:		Date		
SAMPLE LOCATION & REMARKS		ANALYSIS					SAMPLE Vol/Area	Temperature	Relative Humidity	ADDITIONAL SAMPLE INFORMATION
		FME	NFM	FC	BC	EC				
1						75L 1in ²				
2						75L 1in ²				
3						75L 1in ²				
4						75L 1in ²				
5						75L 1in ²				
6						75L 1in ²				
7						75L 1in ²				
8						75L 1in ²				
9						75L 1in ²				
10						75L 1in ²				
11						75L 1in ²				
12						75L 1in ²				
13						75L 1in ²				
14						75L 1in ²				
15						75L 1in ²				
16						75L 1in ²				
17						75L 1in ²				
18						75L 1in ²				
19						75L 1in ²				
20						75L 1in ²				

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

Submitter's Signature		Date	Time	Receiver's Signature		Date	Time
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