

Mold Identification, LLC**Chain of Custody Form**

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Texas Department of State Health Services Lab License number: LAB0150

Client information:

Name: _____

Company: _____

Address: _____

Address: _____

Telephone / email: _____

Deliver report via email to:

email address: _____

Billing information:

Name: _____

Company: _____

Address: _____

Address: _____

Telephone / email: _____

Sample information

No.	Client Sample Number	Sample Description	Sample date	Sample type Air-Tape-Direct	Sampling Time (min)	Sampling Rate (L/min)	Other Information
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Relinquished by:	Date/Time:	Relinquished to:	Date/Time:
1			
2			