
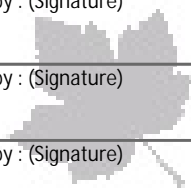
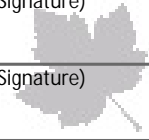


Company Name/Address:				Billing Information:		Analysis								Chain of Custody Page ___ of ___	
Report to:				Email To:		SPORE TRAP	DIRECT EXAM	QUANTITATIVE FUNGAL	CULTURABLE AIR FUNGI (ANDERSEN)	QUANTITATIVE BACTERIA	CULTURABLE AIR BACTERIA (ANDERSEN)	E. COLI / COLIFORM (presence/absence)	ENTEROCOCCUS (presence/absence)		
Project Description:				P.O. #										12065 Lebanon Road Mt Juliet, TN 37122 Phone: 615-758-5858 Alt: 800-767-5859 Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace Terms and Conditions found at: https://info.pacelabs.com/hubfs/pas-standard-terms.pdf	
Phone:		Client Project #		Date Results Needed										SDG #	
Fax:				Email? ___No ___Yes										Table #	
Collected by (print):				P.O. #										Acctnum:	
Collected by (signature):		<i>Rush?</i> (Lab MUST Be Notified) ___ Same Day200% ___ Next Day175% ___ Two Day150%		FAX? ___No ___Yes										Template:	
														Prelogin:	
														PM:	
														PB:	
														Shipped Via:	
						Rem./Contaminant									
						Sample # (lab only)									

* Type: Tape - Tapelift Bulk - Bulk Swab - Swab CP - Contact Plate SS - Soil W - Water ST - Spore Trap:Allergenco, Zefon, Air -O -Cell AF - Andersen Fungal AB - Andersen Bacterial

Remarks:						Hold #	
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)		Samples returned via: <input type="radio"/> UPS	
		Date:	Time:			<input type="radio"/> FedEx <input type="radio"/> Courier <input type="radio"/> _____	
						Temp: °C Bottles Received:	
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)		Condition: (lab use only)	
Relinquished by : (Signature)		Date:	Time:	Received for lab by: (Signature)		COC Seal Intact: ___ Y ___ N ___ NA	
		Date:	Time:			pH Checked: NCF:	