daaneLABS					CHAIN OF CUSTODY Ship Samples To: 4795 Enterprise, Naples, FL 34104									
Customer Information					Email: login@daanelabs.com Phone: 239-227-4735 Web: www.daanelabs.com									
Customer Information					Project Information									
Company:	· ·			Project/ Cli	ient Name:						Date Sampled:			
Address:										Turn-Around Time*	RI	USH	STANDARD	
Contact:	Contact:			Project A	Address:						(select one):			
Phone:										Attach COC to			No	
Email:				Project Number:							Report? (circle one)	Y		es es
Sample Information				Please check one box per sample to indicate your analysis request. Failure to choose an analysis type may result in reporting delays.										
Lab ID	Sample Location	Sample ID	Volume		Non-Viab	le (most common)			Viable				Comment	s/ Special Instructions
				Air (Cassette)	Swab	Таре	Bulk	Add On		Swab		Water		
(Laboratory Use Only)	(Outdoor, Living Room, Master Suite, etc.)	(Cassette serial #, swab ID, tape ID, etc.)	(pump rate x sample time)	Mold	Mold	Mold	Mold	Particle ID	Bacteria Count (24 hr)	Bacteria Count & ID (48 hr)	Coliform & E. coli (24 hr)	Coliform & E. coli (24 hr)	(Environmental conditions, special handling instructions, other analysis type, etc.)	
									11				1	

Received By:

Date/Time:

Analyzed By:

Date:

REPORT FORMAT† (circle one): DATA ONLY HHS INT HHS

NOTES:

† If no report format selection is made, we will proceed with your company's default selection.

Submitted By:

Date/Time:

<sup>\*</sup> Turnaround Times are relative to when samples are received by the lab, not when samples are dropped off. Daane Labs cuts off sample receipt at 2:00 pm for analytical and reporting purposes.