REQUEST FOR MOuLD ANALYSIS (Chain of Custody) FORM

|  |  |
| --- | --- |
| Submitted By (Name):Company: Address: Telephone email:  | Select turnaround time and applicable surcharges (%), Subject of availability |
|  | Same business day. Must be prearranged and delivered by 10 am (150%) |
|  | 1 (next) business day (100%) |
|  | 2 business days (75%) |
|  | 3 business days (50%) |
|  | 4 business days (30%) |
|  | 6 business days (20%) |
|  | 10 business days |
| Your project# | Your PO# |

**MOuLD ANALYSIS**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Please help us to understand your concern |
| Sample Description | Analysis and Method Requested | Air Volume(L) | Do you sense a musty smell in this room? **Yes** or **No** | Do you experience allergy-like symptoms in this room? **Yes** or **No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **SUBMITTED BY:**  | **DATE:**  |
| *I accept the LCS terms and conditions as published at www.lcslaboratory.com. In case of necessity, or if the method is not available, I approve the use of a subcontractor with ISO 17025 accreditation. The liabilities and obligations of the laboratory and the remedies of the client under or in connection with any LCS laboratory services, are limited to the cost of analysis paid by the client. LCS disclaims all other warranties, expressed or implied. LCS accepts no legal responsibility for the purpose(s) for which the client uses the test results provided as a product of the LCS laboratory services.*  |
| **RECEIVED BY:**  | **DATE:**  |