



Environmental Microbiologists  
& Indoor Air Quality Consultants

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**TITLE: CHAIN OF CUSTODY FORM**  
**CODE: PF/01**

Approved By: Matthew Greacen

Company Name:		ABN No.:		Analysis Required (v)							
Contact Name:				Surface Samples: Fungal Enumeration & Genus Identification ie. Biotape/Tape-lift	Air Samples: Fungal Enumeration & Genus Identification ie. Air-o-cell	Bulk Samples: Fungal Enumeration (semi-quantitative) & Genus Identification	Other (specify):				
Contact Email:											
Email Results to:		Site Location:									
Email Invoice to:											
Address:		Client Reference No.:									
Phone No.:		Chain of Custody No.:									
P/O No.:		Quote No.:									
Additional Instructions:		Pre-remediation Samples <input type="checkbox"/>						Turnaround Time:			
		Post-remediation Samples <input type="checkbox"/>						<input type="checkbox"/> 24 Hours* <input type="checkbox"/> 5 Days			
Client Sample ID Number	Lab ID Number (assigned by Lab)	Date Collected	Sample Type: Air-o-cell (AOC) Biotape (BT) Bulk (BLK)					Sample Location/Description	Air Samples		
				Flow Rate (L/M)	Sampling Duration (mins.)						
Collected by:		Date:		Received in Lab by:		Date:		LAB REFERENCE #:			
Signature:		Time:		Signature:		Time:					
Relinquished by:		Date:		Samples acceptable for analysis? (Yes/No)				* 50% Surcharge applies for 24 hour			
Signature:		Time:		Reasons if not acceptable:				turnaround			