



**EDL**

Environmental Diagnostics Laboratory

# Chain of Custody

Company:		
Contact:	P.O. #:	
Street Address:		
City:	ST:	Zip:
Phone:	Fax:	
Sampling Technician:		
Submitted By: I	Phone:	

Project Name:		Job #:
Building:		
Street Address:		
City:	ST:	Zip:
Phone:	Fax:	e-mail:
Comments: _____		

• AHU #				
• Location				
• Test Site				
• Sample Type				
• Sample Serial #				
• Lab Sample #				
• Field Sample #				
• Date of Test				
• Time of Test				
• Flow Rate: Liters / Min				
• Duration (minutes)				
• Technicians Name:				
• Process Time:				

**INDEX / SAMPLE TYPE:**

*AOC <sup>1</sup>	Full Profile	MSC	Dust / Mold Spore Count	* Bulk MO	Mold Only	AHUDAS	AHU Dust Allergen
AOCMO	Mold Only	DAS	Dust Allergy Screen	SWABTH	Fungi / Bacteria / Thermophillic	AHUMO	AHU Mold Only
STP <sup>2</sup>	Full Profile	Bulk	Fungi / Bacteria / Thermophillic	SWABBF	Fungi / Bacteria Only	<sup>1</sup> AOC	Air-O-Cell
STPMO	Mold Only	Bulk BF		SWABMO	Mold Only	<sup>2</sup> STP	Scotch Tape Prep / Bio Scan

**Submit Samples To:** Environmental Diagnostics Laboratory  
 At Pure Air Control Services  
 4911 Creekside Drive, Suite C, Clearwater, FL 33760  
 Ph: 800-422-7873 ext. 303 Fax: 727-572-5859 Website: [www.pureaircontrols.com](http://www.pureaircontrols.com)

**LAB USE ONLY**

Client #: \_\_\_\_\_ Work Order #: \_\_\_\_\_  
 Sample Accepted: Yes : \_\_\_\_\_ No: \_\_\_\_\_  
 Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Data Entry By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_