



EBI Ref#: _____
 Customer P.O.#: _____

Chain of Custody Form

Date: _____ Company Pay:
 Company ID#: _____ Customer Pay:
 Pre-Remediation: Progress: Post-Remediation:

Company/Client Name: _____
 Contact Person: _____
 Company/Client Address: _____
 Email: _____ Phone: _____

Sampled by: _____
 Email: _____ Phone: _____
 Project/Customer Name: _____
 Site Address (If same as Client Address enter same): _____

Sample #	Analysis Type	Sample Type	Sample Location	Turn Around 7, 3, or 1 day
#1				7 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
#2				7 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sent by: Date/Time: _____	Received by: _____	Lab due date: _____
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Use number in the table below to fill analysis type.

1. ERMI	4. SM-BF (Total Bacteria & Fungi I.D)	7. SM-AEE (Actinobacteria, Endotoxin, ERMI)
2. HERTSMI-2	5. SM-A (Actinobacteria)	8. SM-L (Lyme qPCR)
3. Et (Endotoxin)	6. SM-AEH (Actinobacteria, Endotoxin, HERTSMI-2)	9. Upgrade for HERTSMI-2 to ERMI
		10. Beta-Glucans

- *Check mark the box next to the analysis type you are requesting or write the number on the table above under analysis type.*
- *Check the Turn Around Time that you have requested (7, 3, or 1 day).*
- *Under sample type put an S if you are using the Swiffer or V if you are using the vacuum*
- *Blue color is for internal use only*

Please Return This Form With Samples
 To: EnviroBiomics, Inc
 11550 IH-10 W, Suite 105
 San Antonio TX 78230

Contact Details
support@envirobiomics.com
 Telephone: (210) 570 2095
 Reviewed and Revised: 03/28/2018 Form LAB-3