

PLEASE **PRINT** THIS FORM LEGIBLY. INFORMATION ON THIS PAGE WILL BE ON RESULTS.



EnviroBiomics, Inc

Chain of Custody Form

EB Code: _____

Order Number: _____

All samples must be paid via online order, phone, or invoice before results are released.

Date That Sample Was Taken: _____

Company Pay: _____

Company ID Number (If Applicable): _____

Customer Pay: _____

Check (If Applicable): Pre-Remediation: ___ Progress: ___ Post-Remediation: ___

Paid Online: _____

If No Payment Has Been Made Fill in This Box COMPLETELY:

Bill to: _____

Billing Address: _____

Email: _____ Phone: _____

Sample Taken By: _____

Email: _____ Phone: _____

Project Name/Customer Name: _____

Site Address (If same as Billing Address write Same): _____

Sample #	Analysis Type	Sample Type	Sample Locations	Turn Around Time: 7, 3, 1, or Same Day
# 1				
# 2				

Received By: _____

Due Date: _____

FM: _____

TESTS WE OFFER (SOME OF THESE ARE OFFERED IN BUNDLES):

E = ERMI

TM = Total Mold

ACT = Actinomycetes

ET = Endotoxin

H = HERTSMI-2

MYCO = Mycotoxin and Biotoxins

MT = Mold-Tox

- Under Analysis Type write the test you are requesting.
- Under Sample Type write either Swiffer or Vacuum depending on what kit you used/ordered.
- Under Sample Location put the locations that you retrieved the samples from.
- Check the Turn around time that you have requested. (Samples processed on business days only.)

Questions? Contact Us:

(210) 570-2095

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Items in BLUE are for INTERNAL use ONLY.