

# Chain-of-Custody Form

Natural Link MOLD LAB  
 4900 Mill Street  
 Suite 3  
 Reno, NV 89502

Account name \_\_\_\_\_

Sampling date \_\_\_\_\_

Project / P.O. \_\_\_\_\_

Submitter \_\_\_\_\_

Phone \_\_\_\_\_

**(866) 252-6653**

**(866) 252-MOLD**

Phone (775) 356-6653

Fax (775) 356-6639

info@naturallinkmoldlab.com

Sample identification, description, and/or location	Sample volume	Analysis *					Alternative / additional analysis requested:	RUSH	
		FME	NFME	FC	BC	EC		24hr	48hr

(\* ) FME, Fungal Microscopic Examination -- NFME, Non-Fungal Microscopic Exam -- FC, Fungal Culture -- BC, Bacterial Culture -- EC, E.coli (coliforms) ID

Submitter's Signature	Date ____/____/____ Time : am pm	Receiver's Signature	Date ____/____/____ Time : am pm
Submitter's Signature	Date ____/____/____ Time : am pm	Receiver's Signature	Date ____/____/____ Time : am pm

<b>Lab use:</b>	_____	<b>Control #:</b>	_____
	_____		_____