

Mycotech Biological, Inc.

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Field Data Sheet and Chain of Custody Sheet (PLEASE PRINT CLEARLY)

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Sample Type: Pre ___ Post ___ Retest ___ Clearance ___

Project Name: _____

PLEASE COMPLETE THIS CHAIN OF CUSTODY AND INCLUDE WITH SAMPLES

Sample #	Sample Description or Location	Date	Method	Sample Time	Flow Rate	Sample Volume	Analytical Request	Comments (Media)

METHOD OF PAYMENT: Visa/MC/American Express Card# _____ Exp. Date: _____

Authorized Signature: _____ PO# (if applicable): _____

Released by: _____ Date: _____ Received by: _____ Date: _____

Mycotech Biological, Inc. is not responsible for damaged samples received and/or samples with an incomplete chain of custody form.

Standard turn-around is 7-10 business days, and **does not** include weekends and/or holidays.

ALL SAMPLES RECEIVED AFTER 3:00 PM WILL BE PROCESSED AND MARKED AS RECEIVED THE NEXT BUSINESS DAY.

Questions or complaints should be directed to: Indoor Air Quality Program, Toxic Substances Control Division,
Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756 512-834-4509 or 800-293-0752

Field Data Sheet and Chain of Custody Instructions

Company Name: Record the name of your company.

Address: Record the address to which the hard copy of report is to be sent. (Include billing address if different)

Project Name: Enter your company's project name and/or location associated with the samples.

Contact: Record the name of the person to receive the hard copy of analytical results.

Telephone: Enter the telephone number to be used when reporting analytical results.

Fax: Enter the fax number to be used when reporting analytical results.

Sample Type: Indicate sample type.

Sample Number: Enter the sample identification number for each sample to appear on report.

Sample Description or Location: Enter the sample description or location for each sample. (ie- window sill, southeast wall)

Collection Date: Enter the month and day of sample collection.

Method: Enter the type of sample to be analyzed. (ie- Anderson, HVAC, Tape, Bulk, Swab, Contact, etc.)

Sample Time: Enter length of sample collection time.

Flow Rate: If applicable, enter the flow rate of equipment used for collection.

Analytical Request: Enter the analysis for which you wish the sample to be tested.* (MBI 1, MBI 2, MBI 3, etc...)

Media: Indicate the type of Media used. (ie-Malt Extract, TSA, etc.)

Method of Payment: Visa/MC/Am. Ex. (circle one). SIGNATURE OF CARDHOLDER IS REQUIRED. Enter the card number and expiration date.

PO# (if applicable): If chosen as method of payment, MBI requires a formal Purchase Order to be submitted with samples.

Released by: Signature of person releasing samples.

*** Please refer to your price and service list or call MBI for further information.**