



MoldView Chain of Custody Form

EMSL Order Number / Lab Use Only

PHONE:
EMAIL:

EMSL ANALYTICAL, INC.
TESTING LABS • PRODUCTS • TRAINING

If Bill-To is the same as Report-To leave this section blank. Third-party billing requires written authorization.

| | | | | | |
|-----------------------------|-------------------|-----------------------|----------------------------|-------------------|----------|
| Customer Information | Customer ID: | | Billing Information | Billing ID: | |
| | Company Name: | | | Company Name: | |
| | Contact Name: | | | Billing Contact: | |
| | Street Address: | | | Street Address: | |
| | City, State, Zip: | Country: | | City, State, Zip: | Country: |
| | Phone: | | | Phone: | |
| Email(s) for Report: | | Email(s) for Invoice: | | | |

Project Information

| | | | | |
|--|--------------------------|-----------------------------|--|--|
| Project Name/No: | | | Purchase Order: | |
| EMSL LIMS Project ID: <small>(If applicable, EMSL will provide)</small> | State Samples Collected: | Zip Code Samples Collected: | State of Connecticut (CT) must select project location: Commercial (Taxable) Residential (Non-Taxable) | |
| Sampled By Name: | Sampled By Signature: | | No. of Samples in Shipment | |

Turn-Around-Time (TAT)

3 Hour
 6 Hour
 24 Hour
 32* Hour
 48 Hour
 72 Hour
 96 Hour
 1 Week
 2 Week

*32 Hour TAT - Samples must be submitted by 11:30am.



If submitting Pre-Paid Cassettes, select M166 below.
If not submitting Pre-Paid Cassettes, select M165.

| Sample # | Sample Location/Description | M165 MoldView M166 Pre-Paid MoldView (Select One - Air Matrix Only) | M041 Direct Exam (Tape, Bulk, Swab Matrix) | Volume/Area | Date / Time Collected |
|-------------------|-----------------------------|---|---|-------------|-----------------------|
| Example: Sample 1 | Kitchen | | | 100L | 1/1/2021 - 3:07pm |
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Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

| | | | |
|---------------------|------------|--------------------------------|-----------|
| Method of Shipment: | | Sample Condition Upon Receipt: | |
| Relinquished by: | Date/Time: | Received by: | Date/Time |
| Relinquished by: | Date/Time: | Received by: | Date/Time |

Controlled Document - COC-35 Moldview R7 02/26/2021

AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

| Sample # | Sample Location/Description | M165 MoldView M166 Pre-Paid MoldView (Select One - Air Matrix Only) | M041 Direct Exam (Tape, Bulk, Swab) | Volume/Area | Date / Time Collected |
|----------|-----------------------------|---|-------------------------------------|-------------|-----------------------|
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|---------------------|------------|--------------------------------|-----------|
| Method of Shipment: | | Sample Condition Upon Receipt: | |
| Relinquished by: | Date/Time: | Received by: | Date/Time |
| Relinquished by: | Date/Time: | Received by: | Date/Time |

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