



Alliance Analytical Labs
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Mould Chain of Custody (COC)

Client Name	
Company Name (optional)	
Company Address	
Project Address	
Project Name/Number (optional)	
Phone	
Email	
Date & Time	

Work order Number: _____

Requested Analysis

- ☐ Air Spore Trap ☐ Mould Swab ☐ Mould Bulk Material
☐ Regular (48 Hours) ☐ Rush (24 Hours) ☐ Priority (Same Day)

Sample Information

Sample Number	Location	Sample Type	For Air Samples Only	
			Time (min)	Flow Rate (L/min)

-Unless otherwise requested in writing, samples may be discarded after the laboratory's retention period in accordance with laboratory policy.

-By signing this form, the client confirms that the information provided is accurate and authorizes Alliance Analytical Labs to perform the requested analysis.

Signature: _____

Received By: _____