Chain Of Custody
Indoor Air Quality Analysis

When you need to be sure

Ship Samples To:
120 Main Street, Suite B
Westbrook, ME 04092

Phone: 1 207-874-2400
Email: ehs.clientcare@sgs.com
Website: www.env.sgs.com

LAB USE ONLY	
Report ID:	
Page(s):	of

Contact Information		Sample Type Codes	*Turn Around Time (TAT)
Name/Company:		AC = Air Culture Plate	
Address:		BM = Bulk Material	Standard ☐
City, State Zip:		D = Dust	
Contact:		RCS = RCS Air Strip	
Phone:		S = Swab	Next Day ☐
Email:		ST = Spore Trap Cassette	
Project Information		T = Tape Lift	
Project #:		W = Water	RUSH ☐
Project Name:		WP = Wipe	
Sampled By:		O = Other	

Lab ID # (Lab Use Only)	Collection Date / Time	Sample Type	Sample Number / Description	**Sample Volume / Area	Requested Analysis: Non-Culture: Spore Trap Air Analysis: Fungi Only	Non-Culture: Spore Trap Air Analysis: Fungi & Particulates	Non-Culture: Surface Direct Examination: Qualitative Assessment	Culture: Identify & Enumerate: ☐ Fungi ☐ Bacteria	Culture: Total CFU Only: ☐ Fungi ☐ Bacteria	Other	Other
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***Non-Culture Method TAT:** Rush TAT reported day of receipt, Next Day TAT 1 business day after receipt, Standard TAT 2-3 business days after receipt.
***Culture Method TAT:** Only Standard TAT available and are reported 7-10 business days after receipt.
****Total Volume:** Required for all air samples. Must be recored as total liters or recorded as the flow rate with sampling time.
****Total Area:** Required for all culture samples that are reported as CFU per Area.

Samples Relinquished:		Samples Accepted:		Sample Acceptance Criteria
Date/Time:		Date/Time:		Samples are deemed acceptable by the laboratory in accordance to SGS sample acceptance policies (e.g. unbroken, not expired, and labeled to match the COC). Any samples received outside of this criteria may only be processed with client permission and is noted on both the project's COC and analytical report.
Name:		Name:		
Samples Relinquished:		**Samples Accepted:**		
Date/Time:		Date/Time:		
Name:		Name:		
Comments:				