

Chain of Custody

IAQ Home Survey™ IAQ Commercial Survey™

COC No:

Enthalpy Use Only – Do Not Fill In

CONTACT INFORMATION	
Sampling Professional:	Phone:
Company:	Email:
Billing Address:	

LOCATION TESTED	
Project Name:	Project No.:
Address:	

It is important to fill out all information so your results can be correctly calculated and returned to you.

Please notify lab when a sample is shipped for any 1 business day (1 BD) rush turnaround request and by checking the box at bottom of page.

*Required Field - Please Write Legibly

	Sample Information							Analysis Requested*										
								<i>Residential</i>			<i>Commercial</i>				<i>Other</i>			
	Sample Number <small>Enthalpy Use Only</small>	Tube Number*	Date Collected*	Pump Start Time*	Pump Stop Time*	Temperature	Humidity	A2-IAQHSB <small>(IAQHS – Basic)</small>	A2-IAQHSP <small>(IAQHS – Predict)</small>	A14-IAQHSF <small>(Formaldehyde) *Max. 30 min. sample*</small>	A2-IAQCSB <small>(IAQCS – Basic)</small>	A2-IAQCSP <small>(IAQCS – Predict)</small>	A14-IAQCSF <small>(Formaldehyde) *Max. 30 min. sample*</small>		A2-TSC <small>(Tobacco Smoke)</small>			
																		Note: Briefly describe the actual sample collection location. Ex. Kitchen
Location, notes, and comments about testing:																		

Custody

Turn Around Time (TAT):	Requested Service:
STD: Within 2 business days of receipt for Basic, Predict, Formaldehyde. Within 5 business days for TSC. STD is default. 1 BD: 1 Business Day (2x \$)	<input type="checkbox"/> Standard <input type="checkbox"/> 1 BD <small>Note: STD is default</small>

Sent By:	Date:	Time:
Received By: <small>(At Prism)</small>	Date:	Time: