



IAQ Microbiology Chain of Custody Analytical Request Document

Chain-of-Custody is a legal document - Complete all relevant fields

Pace® Location Requested (City/State):



Scan QR Code for Instructions

Lab Use Only

Shaded Area - Lab Use ONLY

Acct. Num. / Client ID:	Thermometer ID:	Correction Factor (°C):	Obs. Temp. (°C)	Corrected Temp. (°C)	Received On Ice:
Delivered by: <input type="checkbox"/> In-Person <input type="checkbox"/> Courier <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other _____	Tracking Number:				
Company Name:	Contact Name:	Turn around time (TAT):			
Street Address:	Customer Project #:	<input type="checkbox"/> Standard <input type="checkbox"/> Other _____			
Phone #:	Project Name/Description:	Rush (Pre-approval required and subject to method requirements):			
E-Mail:	Purchase Order # (if applicable):	<input type="checkbox"/> 24 Hour <input type="checkbox"/> 4 Hour <input type="checkbox"/> 2 Hour <input type="checkbox"/> Same Day			
Site Collection Info/Facility ID (as applicable):	Quote #:	<input type="checkbox"/> Other _____			
Collected By (Print Name):	State origin of sample(s):	Air Sampler (as applicable):			
Customer Remarks / Special Conditions / Possible Hazards:	Time Zone Collected: <input type="checkbox"/> AK <input type="checkbox"/> PT <input type="checkbox"/> MT <input type="checkbox"/> CT <input type="checkbox"/> ET	<input type="checkbox"/> Anderson <input type="checkbox"/> SAS <input type="checkbox"/> BioCulture <input type="checkbox"/> RCS			
Signature:					

Customer Remarks / Special Conditions / Possible Hazards:

* Matrix Codes (Insert in Matrix box below): Product (P), Wipe (WP), Sponge/Swab (SB), Tape (TP), Ambient Air (A), Indoor Air (I), Bulk (B), Other (OT)

Customer Sample ID/Location Description	Matrix*	Sample Collection		Total Volume/Area (L, cm ²)	Container Count	Analysis/Test Code Requested
		Date	Time			

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:

Lab Use Only - Sample receipt non-conformance identified.

Indoor Air Quality Microbiology Chain of Custody Instructions

***Pace Location Requested:** City and State of Pace Laboratory where testing is to be performed.

***Company Name:** Client's company name.

***Street Address:** Client's mailing address, city, state, and zip code for mailing.

***Phone #:** Client's contact phone number.

E-mail: Client's e-mail for correspondence.

Site Collection Info/ Facility ID: Site location or facility information.

***Contact Name:** Person to receive results.

Customer Project # and Project Name/Description: Client's reference to the project or work involved with these samples.

Purchase Order #: Client specific number to be listed on project invoice for client billing purposes.

Quote #: Client or project specific number for client billing purposes.

***State Origin of Samples:** State required to ensure proper reporting.

Time Zone: Check time zone of sample to ensure proper hold times are met.

***Turnaround time (TAT):** Surcharges may apply for non-standard turnaround times and are method dependent. Results will be due by the end of business on the date due based on standard turnaround time unless other arrangements have been made with your Project Manager.

Rush request: If faster than standard turnaround time results are needed. Circle one of the rush options and note the day the results are requested by. All rush requests require preapproval by the laboratory and are subject to method requirements. Surcharges will apply for non-standard turnaround times.

***Air Sampler:** Required for air monitoring, select the type of sampling equipment used.

***Collected By:** Printed name of sample collector.

***Collected By Signature:** Signature of sample collector.

Customer Remarks/Special Conditions/Possible Hazards: List special instructions about the sample here. If the sample is known or suspected to be hazardous indicate that here and attach SDS if possible.

***Sample ID / Location Description:** Describe the sample and/or location.

***Matrix:** Select from the provided list.

***Collected Date:** Date sample was collected.

***Collected Time:** Time sample was collected.

***Total Volume/Area:** Where applicable, record the total volume of air sampled in liters (L) or the total surface area sampled in square centimeters (cm²).

***Container Count:** Total number of containers submitted for the sample.

***Analysis/Test Code Requested:** Fill-in the test codes for the desired analysis for each sample.

***Relinquished By/Received By:** This form **must be signed** each time the sample(s) changes hands. Custody seals are available upon request if needed.

Summarized Sample Acceptance Policy Requirements:

- Proper, full, and completed chain-of-custody documentation
- Legible unique sample container identification written in indelible ink
- Appropriate sample container
- Enough sample to perform the requested tests
- Received within required holding time, where applicable
- Received within temperature preservation requirements, when necessary
- Sample containers received in good condition (not leaking or broken)
- Custody seals, when used, are intact
- Properly preserved, when required

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met. Full location Specific Sample Acceptance Policy is available from your Project Manager.

***Required field:** Failure to fill in a required field may result in a sample(s) being put on hold until information can be obtained. This may result in a delay in receiving results.