

Chain of Custody

© 2013 - 2020 Newton Microbial Laboratory



810 Dutch Square Blvd, Ste. 204
Columbia, SC 29210
877-628-6944
info@newtonlaboratory.com

Company Information

Company Name		Street Address		City		State		Zip	
Phone Number		Email Address 1		Email Address 2		Collected by		Collected Date	

Test Site Information

Property/Customer Name		Street Address		City		State		Zip	
------------------------	--	----------------	--	------	--	-------	--	-----	--

Weather Condition: Select Any Applicable Choice/s

<input type="checkbox"/> Sunny Skies	<input type="checkbox"/> Cloudy Skies	<input type="checkbox"/> Fog	<input type="checkbox"/> Rain	<input type="checkbox"/> Freezing Rain and/or Sleet	<input type="checkbox"/> Snow	<input type="checkbox"/> Thunderstorm	<input type="checkbox"/> Windy Days	<input type="checkbox"/> Very Warm and Humid	<input type="checkbox"/> Very Cold and Dry
--------------------------------------	---------------------------------------	------------------------------	-------------------------------	---	-------------------------------	---------------------------------------	-------------------------------------	--	--

Known Health Issue/s, if Any

<input type="checkbox"/> Sneezing and coughing	<input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Irritated skin	<input type="checkbox"/> Sore eyes	<input type="checkbox"/> Sinus problems	<input type="checkbox"/> Breathing difficulty	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Headaches	<input type="checkbox"/> Trouble concentrating	<input type="checkbox"/> Feeling faint
<input type="checkbox"/> Hair loss	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Nausea	<input type="checkbox"/> None	Background Debris: Pollen, Fiber, Dander			<input type="checkbox"/> Priority Level	<input type="checkbox"/> Expedited	<input type="checkbox"/> Standard

Sample ID	Sample Location	Flow Rate	Flow Time	Sample Type	Plus	Note
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	
		(liter/minute)	(minute)	Air, Tape, Swab, Bulk, Culture	Check if applicable	

Sampling recommendations sourced from each cassette's respective manufacturer

Sample Type	TAT (Turn Around Time)	Description	Cassette Brand	Sample Flow Rate	Outdoor Sample	Clean Indoor	Occupied Indoor	Heavy Dust Indoor	Inner Wall
Air	24 Hours	Identification & Enumeration of Fungal Spores	Air-O-Cell®	15 LPM	10 minutes	10 minutes	5 minutes	1 minutes	1 minutes
Tape	24 Hours	ID and Semi-quantative Enumeration of spores	Allergenco-D	15 LPM	1-10 minutes	5-10 minutes	3-5 minutes	1-3 minutes	1-3 minutes
Swab	24 Hours	ID and Semi-quantative Enumeration of spores	Micro5	5 LPM	8-10 minutes	8-10 minutes	5 minutes	1-3 minutes	1-3 minutes
Bulk	24 Hours	ID and Semi-quantative Enumeration of spores	MoldSnap	5 LPM	8-10 minutes	8-10 minutes	5 minutes	1-3 minutes	1-3 minutes
Culture	7 Days	Identification & Enumeration of Mold Only	Others	Manufacture Suggested	Manufacture Suggested	Manufacture Suggested	Manufacture Suggested	Manufacture Suggested	Manufacture Suggested

Relinquished by (Please Sign & Date)	Date	Received by	Date
--------------------------------------	------	-------------	------