



# U.S. MICRO-SOLUTIONS, INC.

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Email: [info@usmicro-solutions.com](mailto:info@usmicro-solutions.com) • Visit us on the web @ [www.usmicro-solutions.com](http://www.usmicro-solutions.com)

## Directions for Completing the Laboratory Test Request – (Chain-Of-Custody)

1. In the space labeled “Page\_\_ of \_\_”, type or print the number of pages.
2. In the box labeled “Customer Name”, type or print your business or company name. If you are a resident, type or print your full name. (Note: You are the customer, NOT the company or individual for whom you sampled.)
3. In the boxes labeled “Telephone and Fax number”, type or print the telephone number and fax number for your business or company. If you are a resident, type or print your telephone and fax number respectively.
4. In the boxes labeled “Address, City, State and Zip Code”, type or print the street name, city, state and zip code where your business or company is located, respectively. If you are a resident, type or print the street name, city, state and zip code where your house or property is located.
5. In the box labeled “Attention To”, type or print the name of the person who shall receive the final report.
6. In the box labeled “Fax Results/E-Mail Results”, circle the method in which you would like the results sent to you. (**Only circle one.**)
7. In the box labeled “Proposal Number”, type or print the proposal number given to you by U.S. Micro-Solutions, Inc. (If applicable).
8. In the box labeled “Samples Obtained By”, type or print the name or initials of the person who collected the samples.
9. In the box labeled “E-mail”, type or print your business or company e-mail address. If you are a residential customer, please type or print your home e-mail address.
10. In the box labeled “PO Number”, type or print the PO Number. (If applicable)
11. In the box labeled “Project Name/Number”, type or print the name or number of the project. (You, the customer, determine this name/number. It is a name/number that will be referenced in your final report. A project name/number is required for each project).
12. In the box labeled “# of Samples”, type or print the total number of samples being sent. (i.e. 3 swabs, 4 Air-O-Cells, and 2 Bioaerosols (Viable) = 9 total number of samples).
13. In the box marked “Turnaround Time”, check mark or X the appropriate box for the turn around time you desire. (Rush Turnaround Times are only available for analyses indicated with a single asterisk \* in the Analysis Requested section.)
14. In the box labeled “Payment Information”, type or print what form of payment you wish to use for this project. “On Account” payment form **must** have been previously approved by U.S. Micro-Solutions Customer Service Department and includes a credit check of the submitting customer. “Check Enclosed” must include a personal or business check along with samples. “Credit Card Payment” is only accepted for Visa or MasterCard credit cards. Please circle which card you wish to use. Enclose the Credit Card number, Expiration date and signature of approved person. Credit Card will be processed before samples are submitted to laboratory for analysis.
15. In the box labeled “Remarks”, type or print any comments that apply.
16. In the box labeled “Weather”, place an “X” in the box that applies to the weather conditions at the time the samples were taken.
17. Below the box labeled “Sample Number”, type or print the numbers assigned to each sample being sent.
18. Below the box labeled “Sample Date”, type or print the date on which the samples were collected.
19. Below the box labeled “Sample Location”, type or print a description of the locations from where the samples were obtained. (i.e. Kitchen, Back Porch, Attic, etc.)

20. Below the box labeled "Total Sample Volume", type or print the total sample volumes for Spore Traps (Air-O-Cell, Micro5 etc.) and Bioaerosols, or the total sample areas for swabs or carpet dust samples. (i.e. 56.6 L/min, swab, in<sup>2</sup>, ft<sup>2</sup>).
21. Below the box labeled "Sample Description", place an "X" in the box that corresponds to the description of the sample. (i.e. Swab, Tape, Spore Trap etc). Use the definitions provided to assist you in determining the Sample Description. (Repeat steps 11-20 for additional samples)

Sample Description Definitions:

- a. Bioaerosols (Viable) – agar plates typically sampled using an Anderson N-6 or Aerotech 6 sampling device.
  - b. Swab – a rayon or dacron tipped applicator stick, a Q-tip-like device with transport medium.
  - c. Bulk – environmental material such as insulation, drywall, carpet dust.
  - d. Spore Trap (Air-O-Cell, Micro5, etc.) – a sampling device containing a sticky cover slip typically sampled using a Zefon Mini-Pump or Bio-Pump.
  - e. Tape – a piece of clear (transparent or crystal clear) scotch tape or BioTape.
  - f. Other – samples other than swabs, agar plates, spore traps, tapes or bulks. (e.g. Water - *Legionella*)
22. Below the box labeled "Analysis Requested", place an "X" in the box that corresponds to the test or analysis being requested on the sample. Use the definitions below to assist you in determining the Analysis Requested.

Analysis Requested Definition/Descriptions:

- a. Fungal Culture & Genus ID – Viable culture with identification of fungi to genus level.
  - b. Bacterial Culture w/Gram Stain ID – Viable culture with limited identification of bacteria. (Gram stain reaction and microscopic morphology reported.)
  - c. Bacterial Culture w/Gram-negative Species ID – Viable culture with identification of the top 3 predominating bacteria to species level using biochemicals and identification kits.
  - d. Sewage screen – Viable culture with Total coliform count, *E. coli* and *Enterococcus* species identification and count.
  - e. *Legionella* – Culture and identification of *Legionella* bacteria. (Includes sero-grouping if necessary.)
  - f. Colilert – Qualitative coliform/*E. coli* procedure for water samples **ONLY**. (Results are reported as positive or negative.)
  - g. Spore Trap Count – Using Air-O-Cell, Micro5, Cyclex-d, Allergenco, etc. cassettes – Total spore count including skin cells and pollen granules.
  - h. Direct Microscopic Examination Hyphal fragments/conidia – Direct microscopic examination for all fungal spores and hyphal fragments.
  - i. Other – Analysis requested other than those described.
23. **Sign** the first box labeled "Relinquished by" and type or print the date and time you transferred possession of the samples to another person or directly to U.S. Micro-Solutions. If you are transferring possession of the samples to another individual in your own organization (i.e. mail room clerk), that person must then **sign** the box labeled "Received by" and print the date and time in which they received the samples. Finally, when said individual forwards the samples to the laboratory, they should also **sign** and date the second box labeled "Relinquished by".

**NOTE:** The Chain of Custody must be returned completed with every project. Projects received without a Chain of Custody will be held until a **signed** and **completed** Chain of Custody form is received in the laboratory.

**U.S. MICRO-SOLUTIONS, INC. \* 475-C WILLOW CROSSING ROAD \* GREENSBURG, PA 15601**  
**PHONE (724) 853-4047 FAX (724) 853-4049 AIHA EMLAP # 103009**

**LABORATORY TEST REQUEST/CHAIN OF CUSTODY**

PAGE 1 OF 1

2 CUSTOMER NAME: <i>Stachybotrys Remediation, Inc.</i>	3 TELEPHONE #: <i>(724) 555-1212</i>	FAX #: <i>(724) 555-1234</i>
4 ADDRESS: <i>1234 Junque Lane</i>	CITY: <i>Air-O-Cell</i>	STATE: <i>PA</i> ZIP CODE: <i>16152</i>
5 ATTENTION TO: <i>Joe Stachybotrys</i>	6 <b>FAX RESULTS</b> (Circle One) EMAIL RESULTS	PROPOSAL NUMBER: <span style="border: 1px solid black; padding: 2px;">7</span>
8 SAMPLE OBTAINED BY: <i>Joe Stachybotrys</i>	E-MAIL: <span style="border: 1px solid black; padding: 2px;">9</span>	PO NUMBER: <i>11022007</i> <span style="border: 1px solid black; padding: 2px;">10</span>

11 PROJECT NAME/NUMBER: <i>456 Mushroom Ave - # 1234</i>	12 # SAMPLES: <i>5</i>	21 <b>SAMPLE DESCRIPTION (X)</b>
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<b>Turnaround Time (CHECK One):</b> Standard <span style="border: 1px solid black; padding: 2px;">13</span> <input type="checkbox"/> *RUSH/Next Day <input type="checkbox"/> *RUSH/Same Day <input checked="" type="checkbox"/> *RUSH/ 3 Hour <input type="checkbox"/> *RUSH/Saturday <input type="checkbox"/> *Rushes received after 2 pm on weekdays and 11 am on Saturday will be considered received on the next business day.	* RUSH ANALYSIS available for Air-O-Cells, Tape Samples & Direct Microscopic Examinations subject to work load and number of samples.  **Additional Cost and Turn Around Time may be incurred. Remarks: <span style="border: 1px solid black; padding: 2px;">15</span>	<b>Payment Information (Please Indicate):</b> <input type="checkbox"/> On Account (Must have approved Lab Credit) <input checked="" type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit Card Payment (Circle One) Visa MC Signature: _____ <span style="border: 1px solid black; padding: 2px;">14</span> Credit card # _____ Exp Date: _____	22 <b>ANALYSIS REQUESTED (X)</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2"></th> <th colspan="2">Culturable</th> <th colspan="2">Qual.</th> <th colspan="2">Non-Culturable</th> </tr> <tr> <th colspan="2"></th> <th colspan="2">Agar Plate, Swab, Bulk, H<sub>2</sub>O, Carpet Dust, etc.</th> <th colspan="2">H<sub>2</sub>O</th> <th colspan="2">Spore Trap</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2">H<sub>2</sub>O</th> <th colspan="2">Tape, Swab, Bulk, Dust</th> </tr> <tr> <th>Bioerosols (Culturable)</th> <th>Swab</th> <th>Bulk</th> <th>Spore Trap (Air-O-Cell, Micro5, Cyclex-d, Allergenco, VersaTrap)</th> <th>Tape</th> <th>Other:</th> <th>**Fungal Culture &amp; Genus ID</th> <th>Bacterial Culture w/Gram Stain ID</th> <th>**Bacterial Culture w/Genus and Gram Negative Species ID</th> <th>Sewage Screen (Total Coliforms, E. coli and Enterococcus spp.)</th> <th>Legionella Culture</th> <th>Colliert for Total Coliforms and E. coli Qualitative - (Water ONLY)</th> <th>*Spore Trap Count</th> <th>*Direct Microscopic Examination - Hyphal fragments/condia</th> <th>Other:</th> </tr> <tr> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Culturable		Qual.		Non-Culturable				Agar Plate, Swab, Bulk, H <sub>2</sub> O, Carpet Dust, etc.		H <sub>2</sub> O		Spore Trap						H <sub>2</sub> O		Tape, Swab, Bulk, Dust		Bioerosols (Culturable)	Swab	Bulk	Spore Trap (Air-O-Cell, Micro5, Cyclex-d, Allergenco, VersaTrap)	Tape	Other:	**Fungal Culture & Genus ID	Bacterial Culture w/Gram Stain ID	**Bacterial Culture w/Genus and Gram Negative Species ID	Sewage Screen (Total Coliforms, E. coli and Enterococcus spp.)	Legionella Culture	Colliert for Total Coliforms and E. coli Qualitative - (Water ONLY)	*Spore Trap Count	*Direct Microscopic Examination - Hyphal fragments/condia	Other:		X					X												X									X					X												X						X				X											X					X				
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<i>Joe Stachybotrys</i>	<span style="border: 1px solid black; padding: 2px;">23</span> <i>11/26/2007</i>				

LAB USE ONLY	DATE/TIME RECEIVED IN LAB:	SIGNATURE:	LABORATORY #:	DATE OF TEST SET UP:	SIGNATURE:
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Samples Acceptable: \_\_\_\_\_ Samples Unacceptable - See Discrepancy Log: \_\_\_\_\_ Rev. Date: 08/07