

Inspector Information		Billing Information <i>(If different from Inspector Information)</i>	
Company/Team Name:		Company/Team Name:	
Company Address:		Billing Address:	
City, State:	Zip Code:	City, State:	Zip Code:
Inspector Name:		Billing Name:	
Phone Number:		Phone Number:	
Email Address <i>(for report)</i> :		Email Address <i>(for invoice)</i> :	

Property Information		Lab Use:
Project Name:	Project Date:	Project Address:
City, State:	Zip Code:	Turnaround Time: All samples are processed within the next business day after receipt.
Sampled By (Name):	Sampled By (Signature):	For assistance, please contact <a href="mailto:support@sporecyte.com">support@sporecyte.com</a> or call (888) 705-5755

Sample #	Sample Type* <i>(Air, Tape, Swab)</i>	Sample Description	Sample Time <i>(Minutes)</i>	Flow Rate <i>(LPM)</i>	Lab Use

Shipping Carrier:		Tracking Number:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
# of Samples in Shipment:		# of Samples Received:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
# of Samples in Shipment:	Promo Code:	# of Samples Received:	Condition Received:

**\*Sporecyte ONLY processes Air-O-Cell, Allergenco Positrack, Allergenco D, Surface Swab, and Surface Slide samples.**  
 By submitting samples to Sporecyte for analysis, you agree to the terms and conditions described here: [www.sporecyte.com/sporecyte-terms-conditions/](http://www.sporecyte.com/sporecyte-terms-conditions/)  
**Please retain a copy of the completed chain of custody form for your records.**

