

**Mycometrics, LLC.**

11 Deer Park Drive, Suite 210  
 Monmouth Junction, NJ 08852  
 Tel: 732-355-9018 • Fax: 732-658-5185  
 Email: quest@mycometrics.com • web: www.mycometrics.com



**Chain-of-Custody**

Laboratory ID: \_\_\_\_\_

CLIENT INFORMATION (Consultant [ ], Physician [ ], Other [ ] )			PROJECT INFORMATION	
Company/Physician:		Tel :	<b>Project ID:</b>	
Address:		Fax:	<b>Other ID:</b>	
City:	State & ZIP:	Email:	Contact:	Cell:

ERMI REQUESTOR INFORMATION (Patient [ ], Property Owner [ ], Other [ ] )			TURNAROUND TIME (TAT) UPON RECEIVING SAMPLES
Name:		Tel:	[ ] <b>STD:</b> 5 Business Days (BD) ; [ ] <b>48h:</b> 2 BD (+25% surcharge) [ ] <b>24h:</b> 1 BD (+50% surcharge); [ ] <b>SD*:</b> Same Day (+100% surcharge) [ ] <b>WH:</b> Weekend/Holiday (+200% surcharge); *Sample(s) must be received before 2pm. Please enter the TAT next to sample IDs if you have more than one TAT for your samples.
Address:		City:	
State & ZIP:	Email:		

**ERMI Sample LOG (vacuum 5 min per 18 sq. ft.)** **Date Sampled:**    /    /

**Sampler's Name:** \_\_\_\_\_ **Property:** [ ] Visible Mold, [ ] Moldy smell, [ ] no mold visible, [ ] unknown [ ] buying, [ ] renting, [ ] currently reside, [ ] working space  
**Address where samples taken:** \_\_\_\_\_ **Property types:** [ ] House, [ ] Apartment, [ ] Business Office, [ ] School, [ ] Other

# of samples	Sample ID	Please specify sample Location	Instructions**	Surface Type (circle one) Area vacuumed
-	ID label here		For <b>Standard ERMi</b> : CLA and BR samples are by default combined as <b>one analysis</b> . <input type="checkbox"/> <b>Check the box to have CLA and BR samples analyzed separately.</b> Two separate analyses and will cost <b>twice</b> as much as one analysis. (Total Cost = # of sample(s) X Cost of 1 ERMi analysis) We will not be responsible for errors due to the lack of specified instructions.	Smooth or Carpeted Enter: ____ X ____ Ft
-	ID label here		Use <b>ERMI-Cloth™</b> as an alternative where the standard vacuuming procedure cannot be recommended, such as on wood, tile and linoleum floors or surfaces of tables and cabinets. <b>Please see instructions.</b>	Smooth or Carpeted Enter: ____ X ____ Ft
-	ID label here		When a vacuum bag is submitted as a sample for analysis, in the space to the right, please provide <b>an estimated time</b> that the dust has been collected in the vacuum bag/container.	

**Special Instructions & Comments:** In the space below, please provide as much info as possible to help our client to interpret the Data. Indicate 1). The time since the carpet has been recently installed or cleaned. 2). The time since the property has been renovated. 3). The time since the property has sustained water damage. 4). Any additional info as to why you are sampling for ERMi.

**\*\*A non-refundable fee (ERMI kit+ shipping & handling) will be charged when the customer decides to cancel sample submission or ERMi analysis after receiving the ERMi kit(s).**

Relinquished by: (sign) \_\_\_\_\_ (Print): \_\_\_\_\_ Date & Time: \_\_\_\_\_

Received by: (sign) \_\_\_\_\_ (Print): \_\_\_\_\_ Date & Time: \_\_\_\_\_