



Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Mycotoxin Chain of Custody

[ This Area For Lab Use Only ]

Job Number:		Job Name:				Mobile:		Email:	
Collector:						Note:			
Date Collected:									
Analysis Type		Analysis Description				Turnaround		Accepted Media Types	
MS-Comp		Comprehensive Panel – See our website for full list of analytes				All mass spec reports delivered within 5 days of receipt		Texwipe Swab: 1cm <sup>2</sup> -100cm <sup>2</sup>	
#	Number	Sample		Analysis	Volume	Notes			
1									
2									
3									
4									
5									
6									
7									
8									
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21									
22									
Released by:			Date:		Received By:			Date:	