Gordon Mycology Laboratory, Inc.

410 Great Road • Suite B12 • Littleton, MA 01460
Telephone: 978~742~9954 Fax:978-742-9152

Chain of Custody/Sample Submission Form

Company Name & Address: _____ Phone #: _____

_____ Fax #: _____

_____ Email address: _____

Project Name/Date: _____ Client Contact: _____

GML ID	Sample ID	Sample Type & Media	Sample Description & Location	Flow Rate (lpm)/time	Area Sampled

Relinquished by: _____ Date: _____ Received by: _____ Date: _____

Note: Submission of samples with your company's internal forms is completely acceptable (and common).
If you do so, please be sure it provides the same information as the above.

Lab Use Only Process Date: _____ Processed by: _____ GML Project #:_____

Processing Info: _____

_____