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Chain of Custody Bulk Mold Swab

CONTACT INFORMATION

Client / Company: _____ Project Number: _____
Office Address: _____ Project Name: _____
City, State, Zip: _____ Primary Contact: _____
Email Address: _____ Cell Phone: _____

SAMPLE #	DATE	DESCRIPTION & LOCATION
		(I)inside (O)outside example: 123 Home Road - inside basement north block wall – black suspect growth

CHAIN OF CUSTODY

Sampled by: _____ Date: _____

Relinquished by: (Name/Organization): _____ Date: _____

Relinquished by: (Name/Organization): _____ Date: _____