



**EnviroBiomics, Inc.**

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## Chain of Custody Form

**Job Number**

**EBI Code**

All samples must be paid via online order, phone, or invoice before results are released.  
 Please, fill this form legibly. Information on this page will be on results.

Date That Sample Was Taken \_\_\_\_\_ Company Pay:: \_\_\_\_\_  
 Customer Pay:: \_\_\_\_\_  
 Check ( If Applicable): Pre-Remediation: \_\_\_ Progress: \_\_\_ Post-Remediation: \_\_\_ Paid Online: : \_\_\_\_\_

<b>If no payment Has Been Made Fill in This Box COMPLETELY</b>	
<b>Billing To</b>	
<b>Address</b>	
<b>Mail</b>	<b>Phone:</b>
<b>Sample Take By:</b>	
Email:	Phone:
<b>Project Name/ Customer Name:</b>	
<b>Site Address ( If same as Billing Address write Same):</b>	

Analysis Type	Sample Type	Sample Location	<b>Turn Around Time: 7, 5, 3, 1 or Same Day</b>

For internal use only		
Recived By:	Due Date	FM

Under Analysis Type write the test you are requesting.  
 Under Sample Type write either Swiffer or Vacuum dependig on what kit you used/ordered.  
 Under Sample Location put the locations that you retrieved the samples from.  
 Check the Turn around time that you have requested. (Samples processed on FULL bussines day