







Media Fill Kit Chain of Custody

Please ensure the following instructions were completed for the Chain of Custody submitted with your Media Fill Kits.

1. Please properly fill out the Aerobiology Client portion of the COC, including reporting address and contact information.
2. **IMPORTANT**; the collected by/Date field and Relinquished by/Date field are important to complete.
3. The Project name is typically the name of the hospital or pharmacy, and the technician being sampled.
4. Sample Numbers can be any value, the sample location needs to be the technician's name. The test codes are as follows:

Low Risk	1211	\$75
Medium Risk (Basic)	1209	\$120
Medium Risk (Comprehensive)	1212	\$270
High Risk	1213	\$148

5. **IMPORTANT**: The lot number AND the expiration date from the kit must be included on the chain of custody.

		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Lab Use:</div>	Page _____ of _____
			
		AZ, CA, CO, GA, VA, NJ	
			
Aerobiology Client		Aerobiology Lab	
Field Contact	Jane Smith	Collected By/Date:	Relinquished By/Date:
Reporting Address	123 Main Street, Water, VA, 55555	Relinquished By/Date:	Received By/Date:
Billing Address	123 Main Street, Water, VA, 55555	Sampler Type	Sample Aire _____ Aero Trap _____
Phone/Fax	555-555-5555	Andersen _____	Other _____
Reporting Email (s)	janesmith@aerobiology.net	SAS _____	BioCulture _____
Routine	24 Hour Same Day 4 Hour 2 Hour	PO#/Job#:	Project Name: Hospital Name/Technician Name
	5 Day (Asbestos Only)	Notes:	
SAMPLING LOCATION ZIP CODE		CC Info:	
Sample No.	Test Code	Sample Location	Total Volume/Area
1	1213	Technician Name	
2		Lot # of Kit: _____	
3		Expiration Date: _____	
4			