



Chain of Custody & Analysis Request



NEXLAB Environmental, LLC
14400 NW 77th Ct 1st Floor Suite 105,
Miami Lakes FL 33016
786-231-6006.

ORDER: 2025-

DATE RECEIVED:

RECEIVED BY:

Company:			
Contact:			
Company Address:	City:	State:	Zip:
Email:		Phone:	

Client Name:			
Client address:	City:	State:	Zip:

Sample Type: Air: (A) Bulk: (B) Tape: (T) Swab Mold: (S) Swab Bacteria (BAC) Mold Culture (MC) Bacteria Culture (BACC) Water: (W)							Status:	<input type="checkbox"/> Pre Test <input type="checkbox"/> Post Test
#Sample	Sample Date	Location	Sample Type	Vol (L)	Area (sqcm)	ID #Cassette	LAB USE ONLY	
							Condition	Sample
1								
2								
3								
4								
5								
6								
7								
8								
Special Instructions: [] Please provide a conclusion on the test results. [] Do not provide a conclusion on the test results.			Observation:					



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