



Account Code

Credit Card Number

EXP / Check #

Credit Card On File Name On Card: Signature:

CHAIN OF CUSTODY CONTACT INFORMATION (Please Print Clearly) Report Delivery: FAX EMAIL MAIL Report Type: Standard Detailed

Company/Branch: Address: City: State: Zip:

Contact: Phone: Fax: Email:

TEST LOCATION INFORMATION

Property Name: Address: City: State: Zip (Required)

Phone: Sampling Date: / / Time: : AM / PM Relinquished by: Date: / /

BED BUGS SAMPLE COLLECTION PROTOCOL

TURNAROUND TIMES

- 1) Determine the area or room suspected of bed bugs.
2) Collect your sample by firmly rubbing your swab or applicator back and forth over area(s) to be tested.
3) Clearly label the swab.
4) Completely fill out a Chain of Custody.
5) Indicate the turnaround time (Very Important).
6) Indicate payment type.

Table with 3 columns: Turnaround Type, Days, Charge. (ST) Standard: 5 Days, Standard Charge; (EX) Expedited: 3 Days, 100% Surcharge; (R) Rush: CALL, CALL.

SAMPLE NUMBER Turnaround Time Code (Required) COLLECTION LOCATION AND DESCRIPTION (Please Print Clearly)

Table with 3 columns: Sample Number (1-10), Turnaround Time Code, and Collection Location and Description. Includes a large PRO-LAB watermark.

Remit Samples To: PRO-LAB 1675 N. Commerce Parkway, Weston - Florida - 33326 / www.reliablelab.com - 954-384-4446

Received by: Prepared by: Analyzed by: Reported by:

DO NOT WRITE IN THIS AREA