

How do I take dust samples with my own sampling cloth?

If you decide to sample using your own sample cloth, you will need the following items (*These items must be brand new, to ensure proper sampling*):

1. 1 Box of Dry Unscented Sweeping Cloths (Reference brand “Swiffer® Sweeper”)
2. 1 Pair of gloves powder free
3. 1 Box of Ziploc® bags (*Preferably sandwich size (6.5 x 5.875-Inch (16.5 cm x 14.9 cm))*)

PLEASE FOLLOW THE NEXT STEPS:



Put the gloves on both hands



Select the room(s) that you want to test and swipe it in **one direction** testing **at least 10 areas** (Do not scrub back & forth or wipe in a circular motion). Fold the cloth with the dust sample inside, place it in the plastic bag, and zip it. Dispose the gloves



Print the Chain of Custody (COC) attached with this document and complete it



Send to LisBiotech the sample contained into the plastic bag and the Chain of Custody (COC) form **completed**.



LisBiotech will take care of your sample and depend of the TAT asked by you, the results will send to the email provided in the COC form.

SAMPLE AREAS like tops of interior door frames, moldings, entertainment centers, shelves, dressers, nightstands, and HVAC return vents.

DO NOT sample bathrooms, laundry rooms, kitchens, directly from a visible mold source, rusty areas; areas with clay or drywall dust from construction/repair, areas near stoves, heaters, or other high heat sources.



Bad Sampling



Good Sampling

The test will be ran on the dust extracted from the cloth, so **make sure the cloth is visibly dirty**, Continue swiping areas if the cloth is not dirty enough.

Not enough sample can drive non accurate results.

Only use one **sampling cloth per test**. If you order more than one test, put **one sampling cloth per plastic bag** properly labeled with the location and type of test required.

DO NOT place the COC form inside of the plastic bag with the sample.

Ship to:

**Lis Biotech, 4242 Medical Drive Ste. 7325,
San Antonio, Texas 78229**





Chain of Custody Form

COC #	
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INTERNAL use ONLY

Customer Information

Name		Phone Number		Email Address	
Payment Method	Online Order #: _____ Check Included: () Credit Card Info Included: ()				

Project Information

Project Name		Project Address	
Sampled by		Sample Date	

Pre-Remediation: () Progress: () Post-Remediation: () Evaluation: ()

Sample kit provided by: Lis Biotech () My self ()

Test Required

INTERNAL USE ONLY	Test <i>FT = Fungi-Ten H2 = HERTSMI-2 ET = Endotoxin</i>				Sampling Method			Laboratory Processing Time <i>SD = Same Day STD = Standard (5 Days)</i>					Sample Location	
	ERMI	FT	H2	ET	Cloth	VAC	Swab	SD	1D	2D	3D	STD		

CUSTOMER COMMENTS:

INTERNAL use ONLY

Received by		Received Date		Due Date (*)	
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(*) Samples processed on business days only

LIS COMMENTS

Please send your samples to: **4242 Medical Drive, Building 7, Suite 7325, San Antonio Texas, 78229.**

Questions? Contact Us: support@lisbt.com (210) 310 - 3089 www.lisbiotech.com

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Please note, payment must be provided before Lis Biotech, LLC will release your results. We offer multiple payment methods, please check the box that belongs to you and fill in any corresponding information.

I have placed an order online for all tests requested on my Chain of Custody form

Online Order # _____

I have included a check enclosed in this envelope with my sample:

Check # _____ Check Amount \$ _____

I authorize Lis Biotech, LLC to charge my credit or debit card for the full amount of the requested tests on my enclosed Chain of Custody form

(You must fill out all credit/debit card information below)

Card Type (*Visa, Mastercard, American Express, Discover*): _____

Cardholder Name (*as it appears on your card*):

Card #: _____ - _____ - _____ - _____

Security Code (*3-4 digit code*): _____

Expiration Date (*MM/YYYY*): _____ - _____

Zip-code (*Card Billing Zip code*): _____

*Lis Biotech, LLC does not accept HSA (Health Savings Account) cards at this time.

I authorize Lis Biotech LLC to charge my card for the services indicated on my Chain of Custody form.

Client Signature: _____ Date: _____

