

# 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 location(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 and place it in the plastic bag provided, and zip it. Dispose of the gloves



Print the the **Chain of Custody** form included in this document and complete it (*Blue sections are for INTERNAL USE ONLY*)



Send the **sealed** plastic bag that contains the sample and the Chain of Custody form **completed** to **Lis Biotech, 4242 Medical Drive Ste. 7325, San Antonio, Texas 78229**



Lis Biotech will take care of your sample and dependent on the Sample Processing Time selected by you, the results will be sent to the email provided on the COC form.

**Details on the back**



**DO SAMPLE AREAS** like the top of cabinets, side tables, entertainment centers, TVs, computers, the top edges of picture frames, counters, shelves, dressers, nightstands, backside of ceiling fan blades, the top of refrigerators, top edge of interior door frames, moldings, and HVAC return vents. Otherwise follow the instructions required by the mold expert who is advising you.

**Balance the dust collection with both newer dust as well as older dust on collection areas such as on top of door frames, return vents, etc. The old dust will give worse results as it has a longer time period of collection and does not emit into the breathable air easily. Therefore get dust from walls and tops of items that are regularly dusted as well.**

**DO NOT** collect dust:

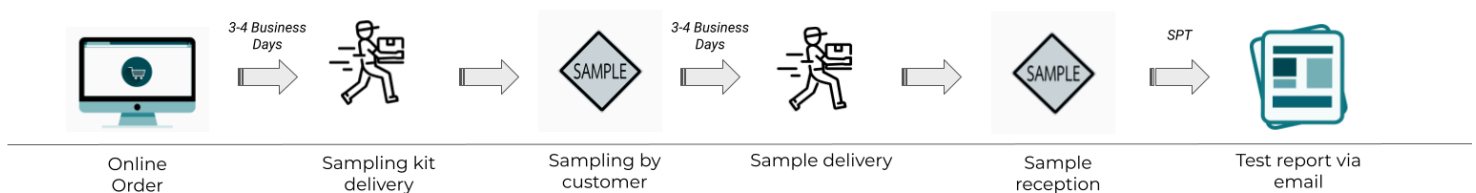
- anywhere near past or current suspected mold.
- directly from a visible mold source.
- areas with clay or drywall dust from construction/repair (\*)
- rusty areas.
- bathrooms, laundry rooms, or kitchens. Unless that was required by the mold expert who is advising you.
- sample areas near stoves, heaters, or other high heat sources.
- sample near plumbing fixtures
- Floors and window frames (and windows) as both will bias the sample with outdoor contaminants.

(\*) Calcium contained in the drywall can interfere with the reaction to detect the molds, causing inhibition of that reaction and driving to non accurate results. If you suspect your sample contains drywall residues let us know.

**The test will be ran on the dust extracted from the cloth so, to make sure the cloth is visibly dirty, try to collect accumulation of dust using the whole cloth.** Continue swiping areas if the cloth is not dirty enough. Not gathering enough dust can produce non-accurate results.



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



The Sample Processing Time (SPT) will depend on the purchase made

If you prefer to use another mail service to send your sample to our lab, please mail it to:  
**Lis Biotech LLC, 4242 Medical Drive, Building 7, Suite 7325, San Antonio, Texas 78229.**

# Chain of Custody Form

Lis Biotech: Agility - Reliability - Accuracy

COC#

INTERNAL USE ONLY



## Customer Information

|                       |   |                     |  |                      |  |
|-----------------------|---|---------------------|--|----------------------|--|
| <b>Name</b>           |   | <b>Phone Number</b> |  | <b>Email Address</b> |  |
| <b>Payment Method</b> | <b>Online Order #:</b> _____ Check Included: ( ) Credit Card Info Included: ( ) |                     |  |                      |  |

## Project Information

|                        |  |                   |  |                        |  |
|------------------------|--|-------------------|--|------------------------|--|
| <b>Project Name</b>    |  | <b>Sampled by</b> |  | <b>Sample Date</b>     |  |
| <b>Project Address</b> |  |                   |  |                        |  |
| Pre-Remediation: ( )   |  | Progress: ( )     |  | Post- Remediation: ( ) |  |
|                        |  | Evaluation: ( )   |  |                        |  |

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

## Test Required (Please fill this section with the sample(s) information)

| INTERNAL USE ONLY | Test  |      |    |    |    |       | Sampling Method |     | Sample Processing Time  |    |    |    |     | Sample Location(s) |
|-------------------|---|------|----|----|----|-------|-----------------|-----|-------------------------|----|----|----|-----|--------------------|
|                   | FT = Fungiten<br>H2 = HERTSMI-2<br>ET = Endotoxin |      |    |    |    |       | Cloth           | VAC | STD = Standard (5 Days) |    |    |    |     |                    |
|                   | ERMI +3   | ERMI | FT | H2 | ET | BacID |                 |     | Same Day                | 1D | 2D | 3D | STD |                    |
|                   |   |      |    |    |    |       |                 |     |                         |    |    |    |     |                    |
|                   |   |      |    |    |    |       |                 |     |                         |    |    |    |     |                    |
|                   |   |      |    |    |    |       |                 |     |                         |    |    |    |     |                    |
|                   |   |      |    |    |    |       |                 |     |                         |    |    |    |     |                    |

INTERNAL use ONLY

|                    |  |                      |  |                     |  |
|--------------------|--|----------------------|--|---------------------|--|
| <b>Received by</b> |  | <b>Received Date</b> |  | <b>Due Date (*)</b> |  |
|--------------------|--|----------------------|--|---------------------|--|

(\*) Samples processed on business days only

**LIS COMMENTS**



# Payment Form

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 the test(s) requested on my Chain of

Custody form:

**Online Order #** \_\_\_\_\_

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

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

I prefer to pay an invoice with a credit card, please send it to (email address): \_\_\_\_\_.

