

Company name					
Address		City		State	Zip

Project name					Contact person	
Project address					Cell phone	
Project#(optional)			Turnaround Time:	Email address:		
Sample Date		3 Hr	6 Hr	24 Hr	3 Day	CC:

Test Codes	MOLD		ASBESTOS	SEWAGE SCREEN
	Air Samples	Direct Exam Samples		
	<ul style="list-style-type: none"> <li>1. Spore Trap: mold only analysis</li> <li>2. Spore Trap: mold plus other particle analysis</li> </ul>	<ul style="list-style-type: none"> <li>3. Tape/Swab/Bulk(surfaces):Qualitative mold only analysis w/ratings of 'light, moderate and heavy'</li> <li>9. Tape/Bulk (surfaces): Quantitative mold only analysis reported in s/cm<sup>2</sup></li> <li>10. Tape/Bulk (surfaces): Quantitative mold plus other particle analysis reported in s/cm<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>6. PCM: NIOSH 7400</li> <li>7. PLM</li> <li>8. TEM: (subcontracted out)</li> </ul>	<ul style="list-style-type: none"> <li>5. E Coli &amp; Total Coliform-presence /absence test</li> </ul>

Sample #	Sample Name, Location or Description	Temp	R.H.%	Test code	Time on (applicable to air samples only)	Time off (applicable to air samples only)	Total Vol. (applicable to air samples only)	Sample Type (Bulk, Tape, Swab, Allergenco, etc.)	No. of Containers
1.									
2.									
3.									
4.									
5.									

<b>Payment options</b>	Invoice to account	<b>Released by</b> <i>(your signature)</i> <i>By signing this document, you certify that these samples were not tampered with while under your care.</i>  Time: _____ Date: _____	<b>Field Notes:</b>
	Process credit card on file		
	enclosed check# <input style="width: 80px; height: 20px;" type="text"/>		

Received Date Stamp

Lab Job #s: