



# Sample Form

**SHIP TO:** 3245 Main St, Suite 235  
Frisco, TX 75034-121  
972-247-9373  
[www.moldlab.com](http://www.moldlab.com)

Your name/Company name \_\_\_\_\_ Contact Person \_\_\_\_\_

Project Address \_\_\_\_\_ Date Sampled \_\_\_\_\_ Contact phone # \_\_\_\_\_

**Directions:** Use approximately a 4 inch piece of clear scotch type tape, depress to visible mold. Then drop tape loosely in a bag. **Do NOT** fold tape up back on to itself. Simply drop tape loosely in the ziplock bag. Please place each sample in a separate ziplock type bag, label outside of bag with sample number and location. Fill out the form below and mail or ship to lab. Results will go out 24-48hrs after we receive the package.

How would you like to receive your report (choose one):

Email address \_\_\_\_\_ or Fax # \_\_\_\_\_ or Mail hard copy to: \_\_\_\_\_

Sample ID/No.	Sample Location / Description	Fee schedule
<i>Example: #1</i>	<i>Kitchen cabinet</i>	<i>1<sup>st</sup> sample =\$35.00</i>
		1 <sup>st</sup> sample = \$35.00
		2 <sup>nd</sup> sample =\$30.00
		3 <sup>rd</sup> sample =\$25.00
		4 <sup>th</sup> sample =\$20.00
		5 <sup>th</sup> sample <b>FREE</b> \$00.00 no charge
		Total= \$

How would you like to pay for your tests: Check / Visa or MasterCard?

Credit card information: Name as it appears on card \_\_\_\_\_ Billing address for the CC \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

Released by(*your signature*) \_\_\_\_\_ Date / Time \_\_\_\_\_

\*\*\*\*\* For lab use only \*\*\*\*\*

Received by(*lab employee signature*) \_\_\_\_\_ Date / Time \_\_\_\_\_ Lab job # \_\_\_\_\_