

Company name							
Address		City		State		Zip	
Project name					Submitted By:		
Project address					Cell phone		
Project#(optional)		Turnaround Time				Email address:	
Sample Date		3HR	6HR	24HR	48HR	3DAY	5DAY
						CC:	
						CC:	

Test Codes	MOLD				ASBESTOS		SEWAGE SCREEN	
	Air Samples		Direct Samples					
	<ol style="list-style-type: none"> Spore Trap (air): mold only analysis Spore Trap (air): mold & other particle analysis 		<ol style="list-style-type: none"> Tape/Swab/Bulk (surfaces): Qualitative mold only analysis w/ratings of 'light, moderate and heavy' Tape/Bulk (surfaces) Spores/cm²: mold only Tape/Bulk (surfaces) Spores/cm²: mold & other particles 		<ol style="list-style-type: none"> PCM: NIOSH 7400 PLM PLM Point Count 		<ol style="list-style-type: none"> E Coli & Total Coliform-presence /absence test 	

Sample # or ID	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, ect.)	No. of Containers
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

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

Received Date Stamp:

Field Notes:

Special Instructions:

Lab Job #s: _____
 2501 Mayes Road, Ste. # 110 | Carrollton, TX 75006 | info@moldlab.com | toll free 1-866-416-6653