



| ACCOUNT CODE | | | | |
|--------------|--|--|--|--|
| | | | | |

 Credit Card Number:

Exp: / Check #:

Credit Card On File Name On Card:

Signature:

| CHAIN OF CUSTODY CONTACT INFORMATION | | (Please Print Clearly) | | Report Delivery: Online Email | | Report Type: Standard Detailed | |
|--------------------------------------|--|------------------------|--|-------------------------------|--|--------------------------------|--|
| Company/Branch: | | Address: | | City: | | State: Zip: | |
| Contact: | | Phone: | | Email: | | | |

| TEST LOCATION INFORMATION | | | | | | | |
|---------------------------|--|--------------------|--|-----------------|--|----------------------------|--|
| Property Name: | | Address: | | City: | | State: Zip: | |
| Phone: | | Sampling Date: / / | | Time: : AM / PM | | Relinquished by: Date: / / | |

| WEATHER OUTSIDE | | | Fog | Rain | Snow | Wind | MOLD TURNAROUND TIME CODES | | | | MOLD/BACTERIA SAMPLE TYPE CODES | | | | RECOMMENDED FLOW RATE / SAMPLING TIMES | |
|-----------------|-------|----------|-----|------|------|------|--|------------------------|----------------------------|------------------------|---------------------------------|---------------|--------------|--|--|--|
| R/H | LEVEL | Light | | | | | ND 24 Hour (End of next business day) (Standard for mold samples only) | P15 - PRO15 | T - Tape/Bio -Tape | PD - Petri Dish | D - Dust | PRO5 | 5 Lx 5 MIN | | | |
| | | Moderate | | | | | SD Same Day (End of same day) | P10 - PRO10 | AN - Andersen Plate | B - Bulk | W - Water | PRO10 | 15 Lx 10 MIN | | | |
| Temp | LEVEL | Heavy | | | | | STAT 3 Hour Turnaround (\$100 Additional for each Mold Sample) | P5 - PRO5 | BA - Bacteria | CA - Carpet | SO - Soil | PRO15 | 15 Lx 10 MIN | | | |
| | | | | | | | PR Priority (Online registration or hand delivered to the lab only) | ST - Spore Trap | SW - Swab | O - Other | P - Paint | CARPET | 5 Lx 1 MIN | | | |
| | | | | | | | | | | | | WALL | 15 Lx 1 MIN | | | |

| SAMPLE SERIAL # | COLLECTION LOCATION (Please Print Clearly) | MOLD/BACTERIA ANALYSIS | | | | | | | | | | OTHER ANALYSIS 3 Business Days Turnaround | | | | | | |
|-----------------|---|---------------------------------|-----------------------------|------------------------------|-----------------------------|---------------|-------------------------------|----------------------|------------------------------|---|------|--|------|----------------|----------------|--------------------|--|--|
| | | Turnaround Time Code (Required) | Flow Rate Liters (Required) | Flow Rate Minutes (Required) | Sample Type Code (Required) | MOLD | | | BACTERIA | | LEAD | ASBESTOS | | WATER ANALYSIS | | | | |
| | | | | | | Mold Analysis | Culture / Species ID (7 Days) | Biological Particles | Coliform E. coli ID (2 Days) | Bacteria Species ID \$60 extra (7 Days) | | PCM | BULK | Bacteria | Complete Water | FHA Water Analysis | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | |

Send to: 1675 N. Commerce Pkwy. Weston, FL 33326 | 800.427.0550 | (954) 384.4446 | 2425 Matheson Blvd East, 8th Floor Office 916 Mississauga, ONT L4W 5K4 CANADA

| | | | | | |
|--------------|--|--------------|--------------|--------------|------------|
| Received by: | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected | Prepared by: | Analyzed by: | Reported by: | COC NUMBER |
|--------------|--|--------------|--------------|--------------|------------|