

Turnaround Time:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Immediate | <input type="checkbox"/> 1 Day |
| <input type="checkbox"/> 4 Hour | <input type="checkbox"/> 2 Day |
| <input type="checkbox"/> 8 Hour | <input type="checkbox"/> 3 Day |
| | <input type="checkbox"/> Regular |

Date Required: _____

Client Name:	Project Reference:
Contact Name:	Quote #:
Address:	PO #:
	Email Address:
Telephone:	

ASBESTOS & MOLD ANALYSIS

Matrix: Air Bulk Tape Lift Swab Other **Regulatory Guideline:** ON QC AB SK Other:

Analyses: Microscopic Mold Culturable Mold Bacteria GRAM PCM Asbestos PLM Asbestos Chatfield Asbestos TEM Asbestos

Parcel Order Number:		Sampling Date	Air Volume (L)	Analysis Required	Asbestos - Bulk	
					Identify Distinct Building Materials to Be Analyzed (if not specified, all materials identified will be analyzed) *	Positive Stop?
Sample ID						
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>
7						<input type="checkbox"/>
8						<input type="checkbox"/>
9						<input type="checkbox"/>
10						<input type="checkbox"/>
11						<input type="checkbox"/>
12						<input type="checkbox"/>

* If left blank, all distinct materials identified in the samples will be analyzed and reported separately as per EPA 600/R-93/116. Additional charges will apply.

Comments:	Method of Delivery:
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Relinquished By (Sign):	Received at Depot:	Received at Lab:	Verified By:
Relinquished By (Print):	Date/Time:	Date/Time:	Date/Time: