



FORM 001

Revision: 0 Page **1** of **1** 

Certified Environmental Project #	

## MOLD SAMPLE SUBMISSION

Company:	Project Number:	Phone #:	
Address:	Project Name:	Fax #:	
City, State, Zip:	Project Location:	E-Mail:	
Samples Collected By:	Payment Method:		
Account #:			

Sample Types	Analysis Types	Turn Around Time
( <b>AC</b> ) Air Cassette	(ID&C) Identification and fungal spore counts	1 day   2 day   3 day
( <b>T</b> ) Tape	(ID) Identification of fungal spores	1 day   2 day   3 day
( <b>S</b> ) Swab	(ID) Identification of fungal spores	1 day   2 day   3 day
(B) Bulk	(ID) Identification of fungal spores	1 day   2 day   3 day

Sample #	Sample Identification	Sample Type	Analysis Type	Turn Around Time	Flow Rate (Liters/min)	Total Volume (L)	Start Time	Stop Time

Relinquished By	Date	Time	Received By	Date	Time