



Account Code

Credit Card Number

EXP / Check #

Credit Card On File Name On Card: Signature:

ALLERGEN CHAIN OF CUSTODY (Please Print Clearly) Report Delivery: EMAIL FAX

Company/Branch: Address: City: State: Zip:

Contact: Phone: Fax: Email:

TEST LOCATION INFORMATION

Property Name: Address: City: State: Zip (Required)

Phone: Sampling Date: Time: Relinquished by: Date:

ALLERGEN TURNAROUND TIME CODES Please Check the Boxes of Allergens Being Requested for Analysis PLEASE NOTE: 1 tsp. or more of Dust is Required in order to perform ELISA Analysis

STD - Standard 5 Days (5 days from receipt in Lab)
3D - 3 day rush (Must call ahead for rush samples)
STAT - 24 Hours stat (Must call ahead for stat samples)

Table with columns: Turnaround Time Code (Required), Dust Mite Package, Allergen Combo, Fungal Package, Dust Mite, Dust Mite, Cockroach, Cockroach, Cat, Dog, Fungal: Alternaria, Fungal: Aspergillus, Mouse, Rat.

Main data table with columns: SAMPLE SERIAL #, COLLECTION LOCATION (Please Print Clearly), and 14 allergen columns. Includes large watermark 'PRO-LAB ALLERGEN COC'.

Remit Samples To: PRO-LAB 1675 N. Commerce Parkway, Weston - Florida - 33326 / www.reliablelab.com - 800-427-0550

Received by: Analyzed by: Reported by: LAB USE ONLY

DO NOT WRITE IN THIS AREA