



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: FAX EMAIL MAIL Report Type: Standard Detailed

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

Contact: Phone: Fax: Email:

TEST LOCATION INFORMATION

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

Phone: Sampling Date: / / Time: : AM / PM Relinquished by: Date: / /

Table with columns: WEATHER OUTSIDE (Fog, Rain, Snow, Wind), MOLD TURNAROUND TIME CODES (ND, STAT, SD, WH), MOLD/BACTERIA SAMPLE TYPE CODES (Z5, SW, PD, M5, T, CA, AOC, B, BA, ST, CP, O), Other Codes (D, W, SO, P), and LEVEL (Light, Moderate, Heavy).

SAMPLE SERIAL # COLLECTION LOCATION (Please Print Clearly) MOLD / BACTERIA ANALYSIS OTHER ANALYSIS

Main data table with columns for Sample Serial #, Collection Location, Turnaround Time Code, Flow Rate, Sample Type Code, Types of Service (Mold Analysis, Culture For Bulk/Swabs, Mold Species ID, Bacteria ID, Bacteria Species ID), LEAD, ASBESTOS (PCM, BULK), and WATER ANALYSIS (Bacteria, Chemical Bacteria, Chemical Bacteria Lead, Complete Water Analysis).

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

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

DO NOT WRITE IN THIS AREA