

Lab Use:



Aerobiology Client					Collected By/Date:		Relinquished By/Date:	
Field Contact					Relinquished By/Date:		Received By/Date:	
Reporting Address					Sampler Type	Andersen _____	SampleAire _____	Other _____
Billing Address						SAS _____	Aero Trap _____	BioCulture _____
Phone/Fax					PO#/Job#:			
Reporting Email (s)					Project Name:			
Routine	24 Hour	Same Day	4 Hour	2 Hour	5 Day <small>(Asbestos Only)</small>	Notes:		
SAMPLING LOCATION ZIP CODE					CC Info:			

Sample No.	Test Code	Sample Location	Total Volume/Area
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

1054	Direct, Non-viable Spore Trap	1015	Culture - WATER Legionella
1051	Direct, Qualitative- Swab/Tape	1017	Culture - SWAB Legionella
1050	Direct, Qualitative- Bulk	1010	WATER - Potable - E. coli/total coliforms
1005	AIR Culture - Bacterial Count w/ ID's	1012	SWAB - E. coli/total coliforms
1030	AIR Culture - Fungal Count w/ ID's	1028	SWAB - Sewage Screen (E. coli/Enterococcus/fecal coliforms)
1006	SWAB Culture - Bacterial Count w/ ID's	2056	WATER - Heterotrophic Plate Count
1031	SWAB Culture - Fungal Count w/ ID's	3001	ASBESTOS - Point count
1008	BULK Culture - Bacterial Count w/ ID's	3002	ASBESTOS - PLM Analysis
1033	BULK Culture - Fungal Count w/ ID's	3003	ASBESTOS - Particle characterization
1007	WATER Culture - Bacterial Count w/ID's	3004	ASBESTOS - PCM Analysis