

Lab Use:



AZ, CA, CO, FL, GA, VA, NJ

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GA, NJ, VA

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 _____	
Phone/Fax					PO#/Job#:						
Reporting Email (s)					Project Name:						
Routine <input type="checkbox"/>	24 Hour <input type="checkbox"/>	Same Day <input type="checkbox"/>	4 Hour <input type="checkbox"/>	2 Hour <input type="checkbox"/>	Notes:						
SAMPLING LOCATION ZIP CODE					CC Info:						

Sample No.	Test Code	Sample Location	Total Volume/Area
1			
2			
3			
4			
5			
6			
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9			
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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

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Field Contact		Collected By/Date:	Relinquished By/Date:
Phone/Fax		PO#/Job#:	
Email		Project Name:	

Sample No.	Test Code	Sample Location	Total Volume/Area
16			
17			
18			
19			
20			
21			
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