

Lab Use:



Aerobiology Client			
Field Contact		Collected By/Date:	Relinquished By/Date:
Reporting Address		Relinquished By/Date:	Received By/Date:
Billing Address		PO#/Job#:	
Phone/Fax			
Reporting Email (s)		Pharmacy/Hospital Name:	
SAMPLING LOCATION ZIP CODE			

Sample No.	Test Code	Technician Name	Lot # of Kit	Expiration Date
1				
2				
3				
4				
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12				
13				
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1211	USP 797 Media Fill Kit and Analysis, Low Risk HVL1, TAT 7-12 Day
1209	USP 797 Media Fill Kit and Analysis, Medium Risk Basic HVM2, TAT 7-12 Day
1212	USP 797 Media Fill Kit and Analysis, Medium Risk Comprehensive HVM1, TAT 7-12 Day
1213	USP 797 Media Fill Kit and Analysis, High Risk HVH1, TAT 7-12 Day