

	Lab use only:
Received By:	_____
Received Date:	____ / ____ / ____

Name: _____	Reporting
Address: _____	Email: _____
	Add'l email(s): _____
	Sampling _____ Phone: _____
	Contact: _____
PO #/Notes: _____	
	Collected By: _____ Relinquished By: _____ <small>*First initial, last name</small> <small>*First initial, last name</small> Collected Date ____ / ____ / ____ Relinquished Date: ____ / ____ / ____
Turnaround Time: Routine 24 Hour Same Day 4 Hour 3 Hour 2 Hour *Request;	
<small>*CIRCLE ONE</small> <small>*call lab to confirm</small>	

THIS IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN PEN

Sample ID	Test Code	Sample Location	Potable	Non-Potable	Cooling Tower	Total Volume/Area	Temperature Laboratory Use Only °C
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14	Common Test Codes		Payment Method				
	1014	Water, Chlorine Test	Cash Check Credit Card				
	1050	Mold, Direct Exam/Tape Lift					
	1051	Mold, Direct Exam/Bulk	Make Checks Payable To:				
	3002	Water, Potability for Drinking	Aerobiology Laboratory Associates, Inc.				