



|          |  |        |             |       |  |            |        |  |      |
|----------|--|--------|-------------|-------|--|------------|--------|--|------|
| Company: |  |        | Client No.: |       |  | Date:      |        |  |      |
| Street:  |  |        |             | City: |  |            | State: |  | Zip: |
| Contact: |  | Phone: |             | Fax:  |  | E-mail:    |        |  |      |
| Site:    |  |        |             |       |  | PO / Job#: |        |  |      |

Comments:

|                   |  |           |  |           |  |  |  |  |  |
|-------------------|--|-----------|--|-----------|--|--|--|--|--|
| Turn Around Time: |  | DUE DATE: |  | DUE TIME: |  | Report Via: <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Verbal |  |  |  |
|-------------------|--|-----------|--|-----------|--|--|--|--|--|

| Sample ID | Date / Time | Sample Location / Substrate | FOR AIR SAMPLES ONLY |          |            | Sample Area / Air Volume | Analysis Requested<br><input type="checkbox"/> MOLD OR <input type="checkbox"/> BACTERIA | Sample Type<br><input type="checkbox"/> Spore Trap<br><input type="checkbox"/> Swab<br><input type="checkbox"/> Tape<br><input type="checkbox"/> Other | Culture Media Viable Samples<br><input type="checkbox"/> MEA<br><input type="checkbox"/> DG-18<br><input type="checkbox"/> CMA<br><input type="checkbox"/> TSA<br><input type="checkbox"/> Cellulose |
|-----------|-------------|-----------------------------|----------------------|----------|------------|--------------------------|--|--|--|
|           |             |                             | Time On/Off          | Avg. LPM | Total Time |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |
|           |             |                             |                      |          |            |                          |  |  |  |

|             |  |  |       |  |  |       |  |  |
|-------------|--|--|-------|--|--|-------|--|--|
| Sampled By: |  |  | Date: |  |  | Time: |  |  |
|-------------|--|--|-------|--|--|-------|--|--|

Shipped Via:  Fed Ex  DHL  Airborne  UPS  US Mail  Courier  Drop Off  Other:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Relinquished By:   |  | Relinquished By:   |  | Relinquished By:   |  |
| Date / Time:   |  | Date / Time:   |  | Date / Time:   |  |
| Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Received By:   |  | Received By:   |  | Received By:   |  |
| Date / Time:   |  | Date / Time:   |  | Date / Time:   |  |
| Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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