



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

Sampled By:		Date:		Time:			
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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	

Forensic Analytical Laboratories may subcontract client samples to other FALL locations to meet client requests.
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