



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: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Received By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Forensic Analytical Laboratories may subcontract client samples to other FALL locations to meet client requests.
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