**ANALYSIS REQUEST FORM – MOULDS TESTING**

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| **COMPANY DETAILS (To Appear on Report)** | **COMMENTS/SPECIAL INSTRUCTIONS** |
| **Company or Client Name** |  |  |
| **Contact Person** |  | **Phone #** |  |
| **Address** |  |
| **E-mail Report To** |  | **Reference** Max 15 characters |  |
| **Sampling Site ID** |  | **Purchase Order**Max 15 characters |  |
| **Sampler /****Submitter** |  | ***Laboratory ID Number*** | ***Date*** | ***Received By*** |
|  | **SAMPLE INFORMATION (ESSENTIAL FOR REPORTING)** | **Additional Information** **(will not appear on report)** |
| **#** | **Sample ID** Please include any sample details you wish to have included on the test report, at least one piece of information should match the information on the corresponding physical sample. It is recommended you include the Serial # for air cassettes. | **Date Sampled**  | **Sample Type** | **Volume of air sampled (L)***(Cassettes and Bioslides only)**Flow rate (LPM)* x *Time (Mins)* | **Sampling Location** | **Region***See Mould Testing Region Guide supplied by Analytica* | **Remediation Stage** |
| **Cassette** | **Bioslide** | **Tape** | **Swab** | **Basement** | **Ground Level** | **Level 1+** | **Pre-Remediation** | **Post-Remediation** |
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