**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 | | |  | | | | **Purchase Order #**  Max 15 characters | | |  | | |
| **Sampling Site ID** | |  | | | | | | | **Send Excel Copy of Results** (please tick) | | | | | | | | | |  | | |
| **Sampler /**  **Submitter** | |  | | | | | | | ***Laboratory ID Number*** | | | | | | ***Date*** | | | | ***Received By*** | | |
|  | **SAMPLE INFORMATION (ESSENTIAL FOR REPORTING)** | | | | | | | | | | | | **Additional Information**  **(optional – 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 | | | **Date Sampled** | | **Sample Type** | | | | | | **Volume of air sampled (L)**  *For cassettes and Bioslides only* | **Sampling Location** | | | | | **Region**  *See Mould Testing Region Guide supplied by Analytica* | | **Remediation Stage** | |
| **Cassette** | **Bioslide** | **Tape** | | **Swab** | **Dust/Bulk** | **Basement** | **Ground Level** | | | **Level 1+** | **Pre-Remediation** | **Post-Remediation** |
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