**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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