

Request for Mold Test

INTRODUCTION

Thank you for obtaining our Mold Testing Kit. Please follow the Testing Procedure closely to assure the most accurate results. If you should have any questions, PLEASE call us at our toll free number (800)-344-9977.

TESTING PROCEDURES

1. In some situations wearing latex gloves and a breathing mask are advisable.
2. Rub suspected mold or fungi with swab enclosed.
3. A separate sample should be taken for each area where there is a suspected Mold or Fungi. One sample per vial.
4. Place swab in the vial provided and recap securely.
5. Ship to the lab in the box provided.
6. Complete one form for each sample to be tested.

A) Sample Information: (Please Print)

Person(s) for whom this sample is being tested:

Sample Address:

City:

State:

Zip:

Sample Date:

Sample Time:

AM / PM

Collected By: _____

Sample Location: _____

i.e. Basement/Living Room/
Etc.

Name of Company (if applicable): _____

Remarks: _____

B) Reporting Information:

All reports will be mailed unless otherwise requested

Report to: Person(s) for whom sample is being tested at sample address.

Email: _____

Person(s) at address below

My Company

Fax: (_____)_____-_____

Name:

Addr:

City:

State:

Zip:

Phone:

(_____)_____-_____

C) Method of Payment:

Master Card

Visa

AmEx

(Please Check One)

Card # _____

Check # _____

Cash

Exp Date ____ / ____

Name on Card _____

Paid \$ _____