



IAQ Sample Submittal Form

This form is used to track the progress of your sample and assure quality control. Proper information is critical to obtaining accurate results. Please fill out as completely as possible.

Customer: Name: _____
Address: _____
Province/State: _____
Country: _____ Postal/ZIP Code: _____
E-mail address: _____ (very important)
Contact phone: () _____ - _____.

Sample Type (Check all applicable):

- Culture plates
- Dust
- Wood/paper
- Gypsum wallboard
- Surface scrapings
- Surface swab
- Filter media
- Carpet
- Upholstery/ Fabric
- Fiberglas insulation
- Asbestos (?)

Other insulation (specify) _____ Other details _____

Collection Details

Date sample collected: _____, 2003 Date sample submitted: _____, 2003

Conditions at time of collection: Ambient air temp: _____ (Celsius) (Fahrenheit)
(if known) Relative humidity: _____ %

Description of area from which sample was collected:

Brief description of how the sample was obtained:

Analysis Required (check appropriate)

- Fungal Identification only (*mould, mildew, yeast*)
- Stachybotris Chartarum only (*identify the fungi known as "toxic blackmould"*)
- Basic Wet Mount Analysis (*identify if plant, animal, mineral, asbestos*)
- ICP Metal Scan (*identify metals present in dust, including lead & mercury*)
- Dust Mite Analysis (*identify normal/low or high concentrations in dust*)
- Full Microbial Identification (*fungal & bacterial*)

Be sure to enclose a completed copy of this form with your sample.