

## Homeowner Mould Analysis Request Form 2B

### Your Contact Information:

Date:	Comments:
Name:	
Address:	
Phone:	Fax:
Alternate Phone:	Email:
I prefer to be contacted by (please tick): <input type="checkbox"/> regular mail <input type="checkbox"/> phone <input type="checkbox"/> fax <input type="checkbox"/> email	

### Sample Information:

Date Collected:	Sample collected by:
<b>Sample #</b>	<b>Location: (eg. Sample #1 Master bedroom windowsill)</b>
1	
2	
3	
4	
5	
6	
7	
8	
Testing Authorized by client Your signature indicates consent for testing	Signature:

<b>For Lab Use Only</b>	Sample(s) condition on receipt:
Samples Received by:	<input type="checkbox"/> Acceptable for analysis <input type="checkbox"/> Not acceptable
Signature:	Date received:
Lab Reference #:	Time received:

### Payment Options:

<input type="checkbox"/> I've enclosed a cheque OR <input type="checkbox"/> Please charge my credit card	
Choose one: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Name on card:	
Card #:	Billing Address (if different from above)
Expiry:	
Authorized Amount: \$	
Cardholder Signature:	

\*Prices are subject to change without notice.