

## Mold samples submission form Send your Samples Today!

## Your Contact Information

Date: Name: Address:  Phone: Alternate Phone: I prefer to be contacted by (please tick): regular mail phone fax email  Sample Information (Please see sample collection instructions on page 2)  Date Samples Collected:  Sample Description or Location: (e.g., "Master bedroom, windowsill")  1 2 3 4 5 6 7 8  Your signature indicates consent for testing  Signature:  Location: (e.g., "Master bedroom, windowsill")  Sample Description or Location: (e.g., "Master bedroom, windowsill")  Sample Description or Location: (e.g., "Master bedroom, windowsill")  Signature:  Location: (e.g., "Master bedroom, windowsill")		our Contact	iiiioiiiiati				
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	For Lab Use Only		Sample(s) condition on receipt:				
For Lab Use Only  Sample(s) condition on receipt:	Samples Received by:		Acceptable for analysis  Not acceptable				
	Signature:		Date received:				
Samples Received by:  Signature:  Acceptable for analysis  Not acceptable  Date received:	Lab Reference #:		Time received:				



## Tape sample collection instructions:

- Wear gloves and dust mask if necessary.
- Cut off 2-3 inches of clear scotch tape.
- Hold the sticky side onto the surface with visible mould growth.
- Remove tape and, without folding it, stick it onto a ziplock bag.
- If you have more than one sample, number each tape, matched to its site. For example:
  - o Tape 1: Basement, east wall.
  - Tape 2: Window sill, master bedroom.
  - o Tape 3: Ceiling tile, kitchen.
- Now enclose samples in an envelope or bag and mail or deliver to Either:

Mold & Bacteria Consulting Laboratories 1020 Brevik Place, Unit 1A Mississauga, ON L4W 4N7 Canada. (Attn: Lab Manager)

OR

Mold & Bacteria Consulting Laboratories Suite 204, 4475 Wayburne Dr. Burnaby, BC V5G 4X4 Canada. (Attn: Lab Manager)

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