

EMC Lab Report Number: _____

Contact Name: _____ Phone No: _____ Job/Project Name: _____
 Company: _____ Fax No: _____ Job/Project No: _____
 Address: _____ Email: _____ Special Instructions: _____
 City, Province: _____ Postal Code: _____ Please select (✓): () Fax Results () Email Results (✓) Mail

Sample ID	Description/Location	Date Sampled	Sample Type	Air Volume (L) or Area (in²)	Turnaround Time (✓)			Analysis Requested <i>(see below for codes)</i>	For Lab Use
					4 hr	24 hr	STD		

Sample Collected by: _____ Total Number of Samples Submitted: _____
 Relinquished by: _____ Date/Time: _____ Received by: _____ Date/Time: _____
 Relinquished by: _____ Date/Time: _____ Received at Lab by: _____ Date/Time: _____
 Authorized by Client (Signature): _____ Print Name: _____ Date: _____
 Sample Shipped by: _____ Date/Time: _____ Shipped via: () Courier by: _____, () Drop off, () Other _____
 Sample Condition upon Receipt at Lab (✓): () Acceptable, () Unacceptable (Explain): _____

ANALYSIS CODES (in bold & underline):
 MICROSCOPIC EXAMINATION: For **Spore Trap** Samples: Spore Trap Analysis (Fungal Spore ID & Count) (**STA**, *default*); Particulate Analysis (**STA-P**); Fungi & Particulate Analysis (**STA-FP**).
 For **Bulk, Tape Lift, Swab, Dust** Samples: Direct Microscopic Examination - fungi only (**DME**, *default*); Particulate Analysis (**DME-P**); Fungi & Particulate Analysis (**DME-FP**).
 CULTURING ANALYSIS: For Air Samples (**RCS, Andersen**): Identification and Quantification - to Genus (**AIO**, *default*); to Species (**AIO-SP**). For **Bulk, Swab, Dust** Samples: Identification and Quantification (Serial Dilution) - to Genus (**SIQ**, *default*), to Species (**SIQ-SP**); Identification without Quantification (Direct Plating) - to Genus (**CUL**, *default*), to Species (**CUL-SP**).
 BACTERIUM ANALYSIS: Sewage Screen Test (Detection of *E.coli* and Enterococci) (**B-ST**) (TAT: Rush - 1 day, Standard - 2 days); Total Bacterium Count (**B-TC**); Bacterium Count & Gram Stain (**B-CG**).