

Company:		Contact Person:		Requested Services																Required Turnaround Time:			
Email:		Phone:		Mold/Bacteria Analysis				Asbestos Analysis										Other		☐ Rush ☐ Same Business Day ☐ Next Business Day ☐ Two Business Days ☐ Three Business Days ☐ Five Business Days ☐ Other-Specify in Notes			
Project Name/ Number:		Date Sampled:		*Mold Air - Spore Trap	*Non-Fungal Particulate Air - Spore Trap	Mold Direct t- Swab, Tape, Bulk	**Culturable Mold - Swab, Bulk, *Air	***Total Coliform, <i>E. coli</i> (Presence /Absence)	***Sewage Assessment (Presence/ Absence)	PLM 600-R-93-116 (<1%) With Gravimetric	PLM 600-R-93-116 (<1%)	PLM Point Count 400 (<0.25%)	PLM Point Count 1000 (0.1%)	PLM CARB 435	Cincinnati Method EPA 600/R-04/004 by PLM	*PCM	Positive Stop	Hard Stop	TEM		Lead (Pb), *Lead Air	Other: Specify:	
Project Address, City, State, Zip:																							
Client Sample ID:	Sample Location/Description			*Volume	**Area	***Time Collected	Check Appropriate Test. Please note asbestos positive stops need to be checked above the notes section of the COC. *Volume is pump setting (L/min.) X minutes ran. ** Area is only required for culturable surface samples. ***Needed for bacterial samples.																Inspector Notes/Special Instructions:
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Relinquished By:					Received By:						Samples Acceptable?		SEEML Reference Number:										
Date/Time:					Date/ Time:						☐ YES ☐ NO		SEEML Lab ID:										