U.S. MICRO-SOLUTIONS, INC. * 475-C WILLOW CROSSING ROAD * GREENSBURG, PA 15601

PHONE (724) 853-4047 FAX (724) 853-4049 AIHA EMLAP # 103009

LABORATORY TEST REQUEST/CHAIN OF CUSTODY

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CUSTOMER NAME:	TELEPHONE #:		FAX #:
ADDRESS:	CITY:	STATE:	ZIP CODE:
ATTENTION TO:	☐ FAX RESULTS (Check One) ☐ EMAIL RESULTS		PROPOSAL NUMBER:
SAMPLE OBTAINED BY:	E-MAIL:		PO NUMBER:
PROJECT NAME/NUMBER:	# SAMPLES:		

Turnaround Time (CHECK One):

- **Standard** ☐
- ***RUSH/Next Day** ☐
- ***RUSH/Same Day** ☐
- ***RUSH/ 3 Hour** ☐
- ***RUSH/Saturday** ☐

***Rushes received after 2 pm on weekdays and 11 am on Saturday will be considered received on the next business day.**

*** RUSH ANALYSIS available for Air-O-Cells, Tape Samples & Direct Microscopic Examinations subject to work load and number of samples.**

****Additional Cost and Turn Around Time may be incurred.**

Remarks:

Payment Information (Please Indicate):

- ☐ On Account (Must have approved Lab Credit)
- ☐ Check Enclosed
- ☐ Credit Card Payment
- ☐ Select Card Type

Credit card # Exp Date:

Weather	Fog	Rain	Snow	Wind	Clear
Level: None					
Light					
Moderate					
High					

SAMPLE NUMBER	SAMPLE DATE	SAMPLE LOCATION AND DESCRIPTION	TOTAL SAMPLE VOLUME	SAMPLE DESCRIPTION (X): Bioaerosols (Culturable)	Swab	Bulk	Spore Trap (Air-O-Cell, Micro5, Cyclex-d, Allergenco, VersaTrap)	Tape	Other:	ANALYSIS REQUESTED (X) — Culturable (Agar Plate, Swab, Bulk, H_2O, Carpet Dust, etc.): **Fungal Culture & Genus ID	Bacterial Culture w/Gram Stain ID	**Bacterial Culture w/Genus and Gram Negative Species ID	Sewage Screen (Total Coliforms, *E. coli* and *Enterococcus* spp.)	Legionella Culture (H_2O, Swab)	Qual. H_2O: Coliiert for Total Coliforms and E. coli Qualitative - (Water ONLY)	Non-Culturable: *Spore Trap Count (Spore Trap)	*Direct Microscopic Examination - Hyphal fragments/conidia (Tape, Swab, Bulk, Dust)	Other:
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RELINQUISHED BY (MUST SIGN) DATE AND TIME	RECEIVED BY (MUST SIGN) DATE AND TIME	RELINQUISHED BY (MUST SIGN) DATE AND TIME

LAB USE ONLY

DATE/TIME RECEIVED IN LAB:	SIGNATURE:	LABORATORY #:	DATE OF TEST SET UP:	SIGNATURE:

Samples Acceptable: _____ **Samples Unacceptable - See Discrepancy Log: _____**