



micro air, inc.

Lab # _____

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Chain of Custody and Analysis Request Form

(Please Print Neatly)

Company: _____	Project Name: _____	Results To: _____
Contact Name: _____	Project Site: _____	P.O. Number: _____
Address: _____	_____	Report Results: (Choose One)
City/State/Zip: _____	Project #: _____	Verbal: Yes / No
Phone: _____	Sample Date: _____	Fax: Yes / No
Fax: _____	Email: _____	Email: Yes / No

Sample ID	Sample Location	Sample Type	Analysis Requested*	Air Volume (L), Area IN2	Turnaround Requested	Comments

***USE THE FOLLOWING CODES FOR ANALYSIS REQUESTED:**

<u>MICROBIOLOGY</u>	<u>TURNAROUND TIMES AVAILABLE</u>
M01 Air-O-Cell (Mold ID and Quantification)	Same Day Next Day 2-Day 3 Day
M02 Mold Culture - Air or Rodac (ID and Quantification)	5-10 Day
M03 Bacteria Culture - Air or Rodac (ID and Quantification)	5-10 Day
M04 Mold by Swab (ID and Quantification)	5-10 Day
M05 Mold by Swab (Direct Read)	Next Day 3-5 Day
M06 Bacteria by Swab (ID and Quantification)	5-10 Day
M07 Bacteria by Swab (Direct Read)	Next Day 3-5 Day
M08 Mold by Direct Examination - Tape (ID and Quantification)	Next Day 3-5 Day
M09 Mold by Direct Examination - Bulk (ID and Quantification)	5-10 Day
M10 Bacteria by Direct Examination - Bulk (ID and Quantification)	5-10 Day
<u>ASBESTOS</u>	
A01 Air - PCM NIOSH 7400	2 Hour Same Day Next Day 2-Day 3-5 Day
A02 Bulk - EPA 600/R-93/116 (1993)	2 Hour Same Day Next Day 2-Day 3-5 Day
A03 EPA Point Count - 400 Points	Next Day 3-5 Day
<u>OTHER</u>	
OTH Please Specify: _____	

Please note: Samples received after 4:30pm may not be received in the laboratory until the next business day.

PAYMENT

Payment Type (Circle): Cash Credit Card Check (# _____) Amount: \$ _____ Paid To: _____

Invoice (Established Customers Only-Authorization Required (_____))

Relinquished By: _____ Date: _____ Time: _____ AM / PM

Received By: _____ Date: _____ Time: _____ AM / PM

Received in Lab By: _____ Date: _____ Time: _____ AM / PM