

ENVIRONMENTAL COMPANY INFORMATION

FOR INTERNAL USE ONLY

Company/Client Name: PH6519 Phone: _____ Fax: _____

Company/Client Address: _____ City: _____ State: _____ Zip: _____

Company/Client Contact Person: _____ Phone: _____ Ext: _____

Email for results: _____ Bill Account

CLIENT AND LOCATION INFORMATION

Client Name: (From Requisition Form): _____ Date sample(s) collected: ____/____/____

Address where sample collected: _____ City: _____ State: _____ Zip: _____

Sample collected by (print name): _____ Signature: _____

Sample shipped by (print name): _____ Signature: _____

Date released by client or inspector: ____/____/____ Via (courier): _____ Tracking #: _____

Test Selection: EMMA Combo

Sample:	Sample Description (MAX 3)** please print clearly:
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____

** If more than one sample is submitted, it will be combined (up to 3 samples) into one test, unless specified. Samples submitted will be combined into one test.

EMMA: Tests for 12 Toxigenic fungal DNA + 16 Mycotoxins

NOTE: Turn-around time – 7-10 business days on acceptance by laboratory (Incomplete information will put the sample on hold and delay testing)

FOR LAB USE ONLY:

Specimens received by (print name): _____ Signature: _____

Date received ____/____/____ Via (courier): _____ Tracking #: _____ Payment: CC / Check / MO / Company CC / None

Notes _____