



**3250 Old Farm Lane • Suite 1
Walled Lake, MI 48390
1.877.665.3373
Fax 248.669.1412
www.imslaboratory.com**

LAB USE ONLY:

Lab Number

Report Result To: Company: Address: Phone: _____ Fax: _____	Project Name: Project Number	<p style="text-align: center;">*Analysis Codes</p> VA = viable air to genus SC = swab plated by client SW = swab plated by lab B = bulk (swab and lift tape) Sp = full speciation of sample ST = spore trap LT = lift tape (full analysis) LTS = lift tape for Stachybotrys only PMA = macro photo PMI = micro photo
Email: _____ Rush (must call ahead) <input type="checkbox"/> Clearance Test <input type="checkbox"/>		

Accept

Reject

Sample Receipt:

Good

Needs Improvement*

#	Serial #	Sample Location	Date Sampled	Test Parameters	Sample Medium	Analysis Requested*		
Ex 1		Basement	7/30/2007	4 in x 4 in	Potato Dextrose Agar	SW	PMA	
Ex 2	747595	Master Bedroom	7/30/2007	5 liters / 5 min	Micro5	ST		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Was Anything Broken:

NO

YES, What:

Sample Labeling

Acceptable

Needs Improvement*

Chain of Custody

Acceptable

Needs Improvement*

Send New C-O-C

Collected By:	Received By & Date:	Comments:
Relinquished By:	Additional Services:	



EMPAT No.: 172958

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