

Company Name/Address:

Billing Information:

Report to:

Email To:

Project Description:

Phone:  
Fax:

Client Project #

Collected by (print):

P.O. #

Collected by (signature):

*Rush?* (Lab MUST Be Notified)  
\_\_\_ Same Day .....200%  
\_\_\_ Next Day .....175%  
\_\_\_ Two Day .....150%

Date Results Needed

Email? \_\_\_No \_\_\_Yes  
FAX? \_\_\_No \_\_\_Yes

Analysis

SPORE TRAP
DIRECT EXAM
QUANTITATIVE FUNGAL
CULTURABLE AIR FUNGI (ANDERSEN)
QUANTITATIVE BACTERIA
CULTURABLE AIR BACTERIA (ANDERSEN)
E. COLI / COLIFORM (presence/absence)
ENTEROCOCCUS (presence/absence)



**Pace Analytical**  
National Center for Testing & Innovation

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L #

Table #

Acctnum:

Template:

Prelogin:

TSR:

PB:

Shipped Via:

Rem./Contaminant    Sample # (lab only)

Sample ID	Sample Description	Type *	Volume or Area	Date	Time

\* Type: Tape - Tapelift Bulk - Bulk Swab - Swab CP - Contact Plate SS - Soil W - Water ST - Spore Trap:Allergenco, Zefon, Air -O -Cell AF - Andersen Fungal AB - Andersen Bacterial

Remarks:					Hold #
Relinquished by: (Signature)	Date:	Time:	Received by: (Signature)	Samples returned via: <input type="radio"/> UPS	Condition: (lab use only)
Relinquished by: (Signature)	Date:	Time:	Received by: (Signature)	<input type="radio"/> FedEx <input type="radio"/> Courier <input type="radio"/> _____	
Relinquished by: (Signature)	Date:	Time:	Received for lab by: (Signature)	Temp: °C Bottles Received:	COC Seal Intact: ___ Y ___ N ___ NA
				Date: Time:	pH Checked: NCF: