Mid-Atlantic Laboratories, Inc.

Mold Sampling Information Form

(Complete ONE Mold Sampling Information Form for each Property)

Property Physical Address: _____

Complete Below for each Building/Room/Area/Outside, etc. sample you are sending **CIRCLE ONE**:

#1 Sampling Location: _____ **(AIR / TAPE)**

#2 Sampling Location: _____ **(AIR / TAPE)**

#3 Sampling Location: _____ **(AIR / TAPE)**

#4 Sampling Location: _____ **(AIR / TAPE)**

#5 Sampling Location: _____ **(AIR / TAPE)**

#6 Sampling Location: _____ **(AIR / TAPE)**

#7 Sampling Location: _____ **(AIR / TAPE)**

#8 Sampling Location: _____ **(AIR / TAPE)**

#9 Sampling Location: _____ **(AIR / TAPE)**

#10 Sampling Location: _____ **(AIR / TAPE)**

Please fill in Air Sampling Flow Rate Information: _____Liters/Min. for _____Min.

Sampled by: _____ Date: _____Time: _____

Company Name: _____

Mail Results to: _____

_____

Fax OR Email Report to: _____

LAB USE ONLY

****

DATE/TIME REC'D IN LAB:

_____BY: _____

LAB PROJECT #:

_____

DUE DATE:

_____ RUSH? _____

PAID BY: Check #: _____ C/C: _____

OTHER: _____AMT. PD.: _____

DATE PD.: _____REC'D BY: _____