



Company:			Client No.:			Date:			
Street:					City:		State:		Zip:
Contact:			Phone:		Fax:		E-mail:		
Site:						PO / Job#:			

Comments:

Turn Around Time:		DUE DATE:		DUE TIME:		Report Via:	
						<input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Verbal	

Sample ID	Date / Time	Sample Location / Substrate	Please check boxes for allergen analyses requested															
			PLEASE NOTE: 0.03g (~1 tsp) or more of dust is required in order to perform the ELISA analysis															
			Dust Mite (Der f 1)	Dust Mite (Der p 1)	Dust Mite Combo (Der f 1 & Der p 1)	Cockroach (Bla g 1)	Cockroach (Bla g 2)	Cockroach Combo (Bla g 1 & Bla g 2)	Cat (Fel d 1)	Dog (Can f 1)	Mouse (Mus m 1)	Fungal: Alternaria (Alt a 1)	Fungal: Aspergillus (Asp f 1)	Fungal Combo (Alt a 1 & Asp f 1)	Latex Hev b 5	Latex Hev b 6.02	Bed Bug DNA Detection by qPCR	Allergen Combo (Der f 1, Der p 1, Bla g 1, Fel d 1, & Can f 1)

Sampled By:		Date:		Time:	

Shipped Via: Fed Ex DHL Airborne UPS US Mail Courier Drop Off Other:

Relinquished By:		Relinquished By:		Relinquished By:	
Date / Time:		Date / Time:		Date / Time:	
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Received By:		Received By:		Received By:	
Date / Time:		Date / Time:		Date / Time:	
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	