Marsil Laboratories LLC
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MOLD SAMPLE SUBMISSION FORM

Client Information		Project Information	Project Codes	
Client Name:	Contact:	Project Code:	**F**	Food
Address:	Phone:	Sampled By:	**C**	Chemistry
City/State/Zip:	Email for Reports:	Sample Date:	**S**	Supplements
PO #:			**W**	Water
			M	Mold

Sample ID	Sample Description	Volume	Comments	Check Below for Analyses Requested											Turnaround Time Requested				
				Fungal Analyses (non-culture)							Fungal Analyses (culture)								
				Tape Lift	Tape Lift (Detailed)	Spore Trap	Spore Trap (Detailed)	Bulk / Swab	Bulk / Swab	Other (specify in comments)	Sedimentation Plate	Impaction Plate	Bulk / Swab Genus ID only	Bulk / Swab Genus ID and Enumeration	Rush	Same Day	24 hrs	3-Day	5-Day

Relinquished By:	Lab Use Only		Comments
	Received By:	Logged In By:	
Date/Time:	Date/Time:	Date/Time:	
	Temp: (°C):	Marsil ID:	