



SAMPLE SUBMITTAL FORM
LA TESTING ORDER NUMBER (LAB USE ONLY)

Your Name:	Please include payment with your samples.	
Street Address:	<input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	
Address 2:	If using a credit card, please fill out the "Credit Card Authorization" form, which is the last page of this document.	
City/State:		
Zip:		
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email	Phone #:	Fax #:
Project ID: LA TESTING -	State where Samples were Collected:	
Email Address:	Amount of Check Enclosed (if applicable): \$	

Please check time frame results are needed in. The turnaround time starts when the lab receives the samples and payment, whichever is the latter. Please enclose certified check, money order or credit card information. Please note that if your sample has multiple layers, as required by the USEPA, we are required to analyze all layers separately. All pricing is per sample unless otherwise stated.

ASBESTOS ANALYSIS

	TURNAROUND (Pricing Per Sample)							
	1 Hour	3 Hrs	6 Hrs	24 Hrs	48 Hrs	3 Days	4 Days	1 Week
BULK SAMPLE - PLM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPA 600/R-93/116 or NYS 198.1	\$315	\$265	\$210	\$165	\$160	\$155	\$150	\$130
Bulk Sample- NOB (floor tiles, roofing, etc.)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM EPA NOB or NYS 198.6*				\$370	\$265	\$210	\$185	\$160
Settled Dust					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTM 5755/ASTM 6480					\$370	\$315	\$290	\$265
Soil Samples					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM CARB 435, Level A					\$475	\$420	\$370	\$315
Vermiculite Samples**					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEM Qualitative via Filtration Technique					\$475	\$420	\$370	\$315
Drinking Water Sample								<input type="checkbox"/>
EPA Method 100.2 (fibers >10 microns)								\$315

*Both 198.6 and 198.4 (additional \$75 charge) must be performed for samples in NYS to be classified as non asbestos containing material. **Samples from New York State not accepted for loose fill vermiculite.

LEAD ANALYSIS

	TURNAROUND (Pricing Per Sample)						
	3 Hrs	6 Hrs	24 Hrs	48 Hrs	3 Days	4 Days	1 Week
PAINT CHIPS, WIPES, SOIL, DUST via FLAME AA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER via GFAA	\$300	\$250	\$200	\$175	\$150	\$125	\$100

MOLD ANALYSIS

	TURNAROUND (Pricing Per Sample)						
	6 Hrs	24 Hrs	48 Hrs	3 Days	4 Days	1 Week	2 Week
TAPE, BULK, AIR or SWAB - Direct Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$370	\$315	\$265	\$210	\$185	\$160	\$130
BULK, SWAB, AIR or DUST – Culturable Fungi							<input type="checkbox"/>
							\$190

REAL TIME Q-PCR LABORATORY ANALYSIS AVAILABLE

PCR-Environmental Relative Moldiness Index (ERMI) 36 Panel

Package developed by the EPA and is being studied as a tool to help qualify the moldiness of homes.

Please visit www.moldinspectionkit.com or call 1-800-220-3675 for more information.

Radon Testing Available – Please visit www.radontestinglab.com or call 1-800-220-3675 for more information.



SAMPLE SUBMITTAL FORM
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Industrial Hygiene Laboratory Services

TURNAROUND (Pricing Per Sample)

**Formaldehyde -
 Air Sample Collect on Monitoring Badge
 NIOSH Method 2016 Modified**

<u>24 Hrs</u>	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>1 Week</u>	<u>2 Week</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$460	\$380	\$305	\$230	\$190	\$150

Formaldehyde Badges - \$20 each
 Qty. _____ Total Cost _____

Note: Please follow all sampling instructions and paperwork documentation included with the sample badges.

**Formaldehyde – Off-gas testing from sub-sample
 laminate flooring or other composite wood
 products**
ASTMD5582-14 Desiccator Method – EMSL Modified

<u>24 Hrs</u>	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>1 Week</u>	<u>2 Week</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$995	\$840	\$670	\$500	\$420	\$335

Note: Please submit a 2 inch by 2 inch sample, or as close in size as possible. Place the sample in a sealed plastic bag.

**Formaldehyde – Off-gas testing from intact laminate
 Flooring or other composite wood products**
ASTMD6007-14 Small Chamber Study – EMSL Modified

<u>1 Week</u>	<u>2 Week</u>
<input type="checkbox"/>	<input type="checkbox"/>
\$1365	\$685

Please Contact Laboratory before Sample Submittal for the Minimum Necessary Sample Volume and Mass

Name of Sampler:		Signature of Sampler:		
Sample Number	Sample Location	Date Sampled	Time Sampled	Temperature (°C) (Lab Use Only)
Total Number of Samples Sent:		Samples Received Chilled? (Y / N)		
Relinquished (Client):		Date:	Time:	
Received (Lab):		Date:	Time:	
Comments:				

LA Testing is strictly an analytical laboratory. We can analyze samples by various methods and provide you with a written report, but cannot provide you with any advice as to how to proceed after obtaining results. Due to magnification limitations inherent in PLM, asbestos fibers in dimensions below the resolution capability of PLM may not be detected. The limit of detection as stated in the method is 1%. For assistance with interpretation of your results, you may call your local health department, visit the USEPA website at www.epa.org, or hire an environmental consultant.

If you would like LA Testing to test your sample by PLM EPA Method EPA 600/R-93/116, please send us a sample of the material you want tested in a sealed Ziplock bag (approximately 1 square inch is sufficient), and fill out the attached form. All orders must be prepaid. If you do not wish to use a credit card, include a certified check or money order in the amount that corresponds to the turnaround time you requested, multiplied by the number of samples you submit. Please refer to www.epa.gov/asbestos/pubs/ashome.html#6 for more information regarding asbestos in your home.

Not all services and/or tests are offered at every LA Testing laboratory location. Please contact your local LA Testing laboratory to confirm their ability to provide the service/test that you require.



CREDIT CARD AUTHORIZATION FORM

By signing this form and providing your credit card number, you acknowledge the card number and information on the card is valid and was not obtained fraudulently. You authorize LA Testing to receive payment for analytical services from the credit card company contemporaneous with the invoice(s). Any disputes regarding quoted prices, results, or other testing issues must be submitted in writing to LA Testing management for resolution within 30 days of invoice date. Contact customer service at 1-800-303-0047 for the address. Our policy is to offer in-house credit only for analytical results provided by LA Testing under the terms negotiated; cash refunds may be issued on a case-by-case basis. Cardholder is responsible for updating credit card information, as necessary.

Important Disclaimer

LA Testing is committed to a security standard policy that protects your credit card data from unauthorized access once this data is in our possession. LA Testing does not guarantee the security of your credit card data during the period of transmission (i.e. mail or FAX).

_____		_____	
Company Name: (if applicable)		Name on Credit Card:	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		_____	_____/_____/_____
		Card Number:	Exp Date (MM/YY)
_____		_____	_____
Credit Card Billing Address		State/Province	Zip/Postal Code

Security Code			
_____		_____	
Cardholder Signature		Cardholder Phone Number	

For LA Testing Use Only:			
_____	_____	\$ _____	_____
Customer Number	Invoice or Order Number	Invoice Total	Date
_____		_____	
Credit Card Charged by: (Print Name)		Credit Card Charged by: (Signature)	
_____		Comments:	
Credit Card Authorization Code			