

**Dixon Information Inc.**  
**78 West 2400 South**  
**South Salt Lake City, Utah 84115**  
**Phone: 1-801-486-0800 Fax: 1-801-486-0849**

**ANALYTICAL REQUEST FORM FOR MOLD AND TAPE SAMPLING**

**Turnaround Time - Circle One**

**LAB Number** \_\_\_\_\_

**Non-rush Tape Lift Sample** (5 Working days/\$25.00 per sample)

**Rush Tape Sample** (24 Hour Service/ \$45.00 per sample)

**Non-rush Aircell Analysis & Count** (5 Working days/ \$25.00 per sample)

**Rush Aircell Analysis & Count** (24 Hour Service/ \$50.00)

Name of location sample was taken at \_\_\_\_\_

Street address sample was taken at \_\_\_\_\_

Sampled by: \_\_\_\_\_

Report to be sent to: \_\_\_\_\_

Billing to be sent to: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

PO #: \_\_\_\_\_

Field #	Description of Sample (Tape or Air)	Samples Date	Collected Volume	Lab # (Lab Use)

**Chain of Custody**

Submission of mold samples for analysis and/or signing a chain of custody is the equivalent of submission of a purchase order and constitutes an agreement to pay for services provided at Dixon Information Incorporated standard schedule of fees for services.

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Lab: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Analyst: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Analysis Complete and Reported by: \_\_\_\_\_ Date: \_\_\_\_\_