Mold Air and Tape
Analytical Request Form

Dixon Information Inc.
Email: info@dixoninformation.com

78 West 2400 South
South Salt Lake, Utah 84115
Phone: (801) 486-0800

For samples received **AFTER 4:00PM CUTOFF**: Turnaround time begins **next business day**.

AFTER-HOURS: If no staff is present, put samples & this form in drop box, then **YOU MUST CALL** the **After-Hours Cell #** on the door.

***Turnaround Times** are **NOT GUARANTEED** and are subject to workflow and sample volume.

Choose One of These — *and* — Choose One of These

Type
- ☐ **Aircell**
- ☐ **Tape Lift**

Turnaround
- ☐ **Rush**
- ☐ **Non-rush**
- ☐ **ASAP** (upon availability)
- ☐ **After Hours** - After 4pm

Lab Code _____

Batch #_____

FINAL REPORT **CONTACT INFORMATION**	**BILLING** CONTACT INFORMATION
Name(s):	
Company:	Address:
Mobile/Text #	City/State/Zip:
	Telephone #:

****E-MAIL ADDRESS(ES)** for **FINAL TEST REPORT** and **BILLING**** ***PLEASE*** WRITE LEGIBLY

Name of Project:	Project #
	Job #
Project Address:	P.O. #
	Work Order #
Sampled by:	**NOTICE**: Aircell Testing Requires Volume. Please provide **Sample Volume** and/or **Time On, Time Off & Flow Rate**
Additional Notes:	

Sample #	Unique Field #	Date Sampled	Sample Description	Time On	Time Off	Flow Rate (L/min)	Volume (Liters)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Chain of Custody: Submitting samples or signing this form constitutes a contract under our standard fee schedule. Samples may be declined based on current laboratory capacity or if they do not align with our Sample Acceptance Criteria. Samples are analyzed as received; Dixon Information Inc. is not responsible for errors or omissions resulting from inaccurate customer data. Total liability for any claim shall not exceed the fee paid for the specific services rendered. Reports are confidential and released only to the client or company listed on this form unless authorized.

Submitted by:	Date:	Time:
Received by Lab:	Date:	Time:
Received by Analyst:	Date:	Time:
Returned by Lab:	Date:	Time:

# of samples received _____ Page 1 of _____ (additional pages as needed)