

Your Name: _____
 Street: _____
 Box #: _____
 City/State: _____ Zip: _____

Bill to Credit Card #: _____
 Expiration Date: _____
 Name on Card _____
 Signature _____

Mastercard Visa

Phone Results to:
 Name: _____
 Telephone #: _____
 Fax Results to: Name: _____
 Fax #: _____

Amount of Check Enclosed _____

Please circle time frame results are needed in. Please enclose certified check or money order for corresponding amount or expect charge on credit card. Please note that if your sample has multiple layers, as required by the USEPA, we are required to analyze all layers separately, however the cost per sample includes the analysis of all layers.

ASBESTOS ANALYSIS

TURNAROUND

	<u>1 Hour</u>	<u>3 Hrs</u>	<u>6 Hrs</u>	<u>24 Hrs</u>	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
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	\$250	\$170	\$145	\$110	\$95	\$85	\$75	\$65

Samples from New York State require the following analysis: If your samples are from New York State please check here

	<u>1 Hour</u>	<u>3 Hrs</u>	<u>6 Hrs</u>	<u>24 Hrs</u>	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
NY Stratified Point Ct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM NOB 198.1	\$250	\$170	\$145	\$110	\$95	\$85	\$75	\$65

LEAD ANALYSIS

TURNAROUND

	<u>3 Hrs</u>	<u>6 Hrs</u>	<u>24 Hrs</u>	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
PAINT CHIPS – WIPES – SOIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUST and WATER samples	\$150	\$125	\$100	\$90	\$80	\$75	\$60

MOLD ANALYSIS

TURNAROUND

	<u>6 Hrs</u>	<u>24 Hrs</u>	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>	<u>6-10 Days</u>
TAPE LIFT BULK, WIPE, SWAB samples (direct examination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$250	\$150	\$140	\$130	\$120	\$110	\$100

CULTURE PLATE (Test Kit) samples	<u>6-10 Days</u>
	<input type="checkbox"/>
	\$100

ALLERGEN ANALYSIS

TURNAROUND

	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
Dust Mite Allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$85	\$80	\$75
Cat Allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$85	\$80	\$45
Dog Allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$85	\$80	\$45
Rat Allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$85	\$80	\$75
Mouse Allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$85	\$80	\$75
Cockroach Allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$85	\$80	\$45
Latex Protein Allergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$175	\$150	\$130
Allergens Group (Dog, Cat, Cockroach & Dust Mites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$325	\$275	\$225	\$175

SAMPLE NUMBER	SAMPLE LOCATION

Total Samples #:

Date Sent: _____ Time: _____

For Laboratory Use Only:

EMSL ORDER #	
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Received: _____ Date: _____ Time: _____

LA Testing is strictly an analytical laboratory. We can analyze samples for asbestos, lead and mold content 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. The most commonly used test to determine if a piece of building material contains asbestos is performed with a Polarized Light Microscope and the method employed is approved by the Environmental Protection Agency. This method however has some limitations and fibers that are very small or small percentages are often not visible with this type of microscope. If the result is less than 1% by this method which is known by PLM EPA Method 600/R-93/116, it is considered to be asbestos free. For assistance with interpretation of 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 zip lock bag (approximately 1 square inch is sufficient). 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 times the number of samples.

CREDIT CARD AUTHORIZATION FORM

LA TESTING
159 PASADENA AVENUE
SOUTH PASADENA, CA 91030

LA Testing can automatically charge your credit card for the services that you have ordered and that we have invoiced. The invoice will be sent along with your analytical report.

If you would like to take advantage of this time saving service, simply complete the information below. It must be printed *clearly and exactly* as it appears on your credit card. If you have any questions, please contact our Credit Department at 856-858-4800, ext. 1210, 1217, 1229, 1234, or fax it to us at 856-858-7141.

(Company Name)

(Name on Credit Card)

(V, MC, AX)

(Card No.)

_____/_____
(Exp Date. MM/YY)

(Credit Card **BILLING ADDRESS** and...

ZIP CODE)

* (Procurement Card Code – if any) *

(Order No. or Invoice No.)

\$ _____
(Charge Amount)

(Date)

(Cardholder Signature)

(Phone Number)

FOR OFFICE (LA TESTING) USE ONLY:

(Lab Location)

(Approval Code –supplied by
Accounting Department)

(Customer Number)