



SAMPLE SUBMITTAL FORM
EMSL ORDER NUMBER (LAB USE ONLY)

PHONE:

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.	
Province/Territory:		
Postal Code:		
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email Mail	Phone #:	Fax #:
Project ID: EMSL -	Province/Territory where Samples 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.

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>1 Week</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 or NYS 198.1	\$300	\$250	\$200	\$155	\$150	\$145	\$140	\$125
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*				\$350	\$250	\$200	\$175	\$150
Settled Dust					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTM 5755/ASTM 6480					\$350	\$300	\$275	\$250
Soil Samples					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM CARB 435, Level A					\$450	\$400	\$350	\$300
Vermiculite Samples**					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEM Qualitative via Filtration Technique					\$450	\$400	\$350	\$300
Drinking Water Sample								<input type="checkbox"/>
EPA Method 100.2 (fibers >10 microns)								\$300

*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						
	<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>1 Week</u>
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						
	<u>6 Hrs</u>	<u>24 Hrs</u>	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>1 Week</u>	<u>2 Week</u>
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"/>
	\$350	\$300	\$250	\$200	\$175	\$150	\$125
BULK, SWAB, AIR or DUST – Culturable Fungi							<input type="checkbox"/>
							\$180

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.



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Industrial Hygiene Laboratory Services

TURNAROUND

Formaldehyde - Air Sample Collect on Monitoring Badge NIOSH Method 2016 Modified	<u>24 Hrs</u> <input type="checkbox"/> \$458	<u>48 Hrs</u> <input type="checkbox"/> \$380	<u>3 Days</u> <input type="checkbox"/> \$305	<u>4 Days</u> <input type="checkbox"/> \$230	<u>1 Week</u> <input type="checkbox"/> \$190	<u>2 Week</u> <input type="checkbox"/> \$150
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Formaldehyde Badges - \$26 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> <input type="checkbox"/> \$948	<u>48 Hrs</u> <input type="checkbox"/> \$799	<u>3 Days</u> <input type="checkbox"/> \$635	<u>4 Days</u> <input type="checkbox"/> \$477	<u>1 Week</u> <input type="checkbox"/> \$397	<u>2 Week</u> <input type="checkbox"/> \$318
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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>1Week</u> <input type="checkbox"/> \$1300	<u>2 Week</u> <input type="checkbox"/> \$650
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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: 					

EMSL Canada 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 EMSL Canada 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 EMSL laboratory location. Please contact your local EMSL laboratory to confirm their ability to provide the service/test you require.



CREDIT CARD AUTHORIZATION FORM

EMSL CANADA, INC.
2756 SLOUGH STREET
MISSISSAUGA, ON, L4T 1G3

PHONE: 289-997-4602

By signing this form and providing your credit card number, you acknowledge that the card number and information on the card is valid and was not obtained fraudulently. You authorize EMSL 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 EMSL management for resolution within 30 days of invoice date. Contact customer service at 1-800-220-3675 for the address. Our policy is to offer in-house credit only for analytical results provided by EMSL 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

EMSL Canada, Inc. is committed to a security standard policy that protects your credit card data from unauthorized access once this data is in our possession. EMSL 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 EMSL Use Only:			
_____ Customer Number	_____ Invoice or Order Number	\$ _____ Invoice Total	_____ Date
_____ Credit Card Charged by: (Print Name)		_____ Credit Card Charged by: (Signature)	
_____ Credit Card Authorization Code		_____ Comments:	