



Scientific Analytical Institute
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 www.sailab.com lab@sailab.com

Lab Use Only Lab Order ID: _____ Client Code: _____
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Company Contact Information	
Company:	Contact:
Address:	Phone <input type="checkbox"/> :
	Fax <input type="checkbox"/> :
	Email <input type="checkbox"/> :

Microbiology Test Types	
Spore Trap - Slit Impact, ie, AOC/Allergenco (STA)	<input type="checkbox"/>
Spore Trap Other, ie. Micro-5 (STO)	<input type="checkbox"/>
Direct Exam Tape (DET)	<input type="checkbox"/>
Direct Exam Swab (DES)	<input type="checkbox"/>
Direct Exam Bulk (DEB)	<input type="checkbox"/>
Fungal Culture Air (FCA)	<input type="checkbox"/>
Fungal Culture Swab (FCS)	<input type="checkbox"/>
Fungal Culture Bulk (FCB)	<input type="checkbox"/>
Bacteria Culture Air (BCA)	<input type="checkbox"/>
Bacteria Culture Bulk (BCB)	<input type="checkbox"/>
Bacteria Culture Swab (BCS)	<input type="checkbox"/>
Biolog (BLG)	<input type="checkbox"/>
Drinking Water (BCC) (Coliform/E.coli)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Billing/Invoice Information	Turn Around Times	
Company:	90 Min. <input type="checkbox"/>	48 Hours <input type="checkbox"/>
Contact:	3 Hours <input type="checkbox"/>	72 Hours <input type="checkbox"/>
Address:	6 Hours <input type="checkbox"/>	96 Hours <input type="checkbox"/>
	12 Hours <input type="checkbox"/>	120 Hours <input type="checkbox"/>
	24 Hours <input type="checkbox"/>	144 ⁺ Hours <input type="checkbox"/>

PO Number:
Project Name/Number:

Sample ID #	Description/Location	Volume/Area	Comments

Total # of Samples _____

Relinquished by	Date/Time	Received by	Date/Time

