



SAMPLE SUBMITTAL FORM
LA TESTING ORDER NUMBER (LAB USE ONLY)

LA TESTING
 520 MISSION ST.
 SOUTH PASADENA, CA 91030

PHONE: (800) 303-0047

| | | |
|--|---|---------------|
| 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. | |
| City/State: | | |
| Zip: | | |
| Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email | Phone #: | Fax #: |
| Project ID: EMSL - | State where Samples were 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, each layer will have a separate analytical fee.

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 EPA 600/R-93/116 or NYS 198.1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$250 | \$200 | \$175 | \$125 | \$120 | \$115 | \$110 | \$95 |
| Bulk Sample – Non-friable Organically Bound (floor tiles, roofing, etc.) PLM EPA NOB or NYS 198.6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | \$120 | \$115 | \$110 | \$95 |
| Settled Dust ASTM 5755/ASTM 6480 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | \$275 | \$225 | \$200 | \$180 |
| Soil and Vermiculite Samples PLM CARB 435, Level A | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | \$400 | \$375 | \$330 | \$290 |
| Drinking Water Sample EPA Method 100.2 (fibers >10 microns) | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | \$300 |

Please note: Each layer of a multi layered sample will be analyzed and billed separately.
 *Both 198.6 and 198.4 (additional \$75 charge) must be performed for samples in NYS to be classified as non asbestos containing material.

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 and WATER samples – FLAME AA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$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>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"/> |
| | \$250 | \$150 | \$140 | \$130 | \$120 | \$110 | \$100 |
| BULK, SWAB, AIR or DUST – Culturable Fungi | | | | | | | <input type="checkbox"/> |
| | | | | | | | \$180 |

ALLERGEN ANALYSIS

| | TURNAROUND | | | | | TURNAROUND | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | <u>3 Days</u> | <u>4 Days</u> | <u>1 Week</u> | <u>2 Week</u> | | <u>3 Days</u> | <u>4 Days</u> | <u>1 Week</u> | <u>2 Week</u> |
| Dust Mite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$360 | \$288 | \$228 | \$180 | | \$360 | \$288 | \$228 | \$180 |
| Cat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cockroach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$216 | \$168 | \$132 | \$108 | | \$216 | \$168 | \$132 | \$108 |
| Dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Latex Protein | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$216 | \$168 | \$132 | \$108 | | \$600 | \$480 | \$384 | \$312 |
| Rat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Allergens Group (Dog, Cat, Cockroach, & Dust Mites) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$360 | \$288 | \$228 | \$180 | | \$840 | \$660 | \$528 | \$420 |



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MICROBIAL WATER ANALYSIS

| | TURNAROUND | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <u>48 Hrs</u> | <u>3 Days</u> | <u>4 Days</u> | <u>1 Week</u> | <u>2 Week</u> |
| Total Coliform with E.coli Screen (SM 9223B, Presence or Absence) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$170 | \$150 | \$135 | \$110 | \$85 |
| Total Coliform (SM 9222D Membrane Filtration Technique-Count) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | N/A | N/A | N/A | N/A | \$85 |
| Enterococci (SM 9230C, Presence or Absence) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$170 | \$150 | \$135 | \$110 | \$85 |
| Pseudomonas aeruginosa (SM 9213E, Membrane Filtration Technique) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | N/A | N/A | N/A | N/A | \$150 |
| Sewage Screen (Total Coliform, E. coli & Enterococci, Presence or Absence) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$250 | N/A | N/A | N/A | N/A |
| Recreational Water Screen (SM9213 Total Coliform, Fecal Coliform, Staphylococcus, and Streptococcus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | N/A | N/A | N/A | N/A | \$255 |

Industrial Hygiene Laboratory Services

| | TURNAROUND | |
|--|--------------------------|--------------------------|
| | <u>1 Week</u> | <u>2 Week</u> |
| Methamphetamine (wipe and bulk) (GC/MS to 0.1ug) | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$350 | \$295 |
| Formaldehyde (NIOSH 2016) | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$350 | \$295 |

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.

Please Contact Laboratory before Sample Submittal for the Minimum Necessary Sample Volume and Mass

| Sample Number | Sample Location |
|--------------------------------------|-------------------|
| | |
| | |
| | |
| Total Number of Samples Sent: | |
| Date Sent: | Time Sent: |
| Received (Lab): | Date: |
| | Time: |
| Comments: | |

LA Testing 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 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), 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 that you require.



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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 (800) 303-0047 ext. 17.

Alternately, you may leave your phone number for someone from the lab to contact you in order to receive your credit card information via telephone.

Please be advised, Turn Around Times will not begin until payment is received.

Important Disclaimer

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