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 www.imslaboratory.com

LAB USE ONLY

Report Result To:  
 Company:  
 Address :  
 Phone: Fax:

Project Name:  
 Project Number:

Accept  Reject

Sample Receipt:  
 Good  Needs Improvement

Anything Broken?  No  Yes

Sample Labeling:  
 Good  Needs Improvement

Chain of Custody:  
 Good  Needs Improvement

Email: [Results will be uploaded to your imslaboratory.com account](#)

#	Serial #	Sample Location	Date Sampled	Test Parameters	Sample Medium	Analysis Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Analysis Codes**

**Non-Viable Mold Testing**  
 Spore Trap = **ST**  
 Lift Tape = **LT**  
 Lift Tape for Stachybotrys Only = **LTS**  
 Swab: Lift Tape taken from Swab = **SL**

**Viable Mold Testing (7 days)**  
 Viable Air to Genus = **VA**  
 Swab plated by client = **SC**  
 Swab plated by lab = **SW**  
 Speciation (up to 14 days) = **SP**  
 Bulk: swab & lift tape from Bulk = **B**

**Bacteria Testing**  
 Total Count = **BC**  
 Total Count with Gram Stain = **BCG**  
 Total Count with Genus ID (Top 3) = **BT3**  
 Total Count with Genus ID (Top 5) = **BT5**  
 Total Coliforms / E. coli on surface = **CCS**  
 Total Coliforms / E. coli in water = **CCW**

**Photos of Samples**  
 Macro photo = **PMA**  
 Micro photo = **PMI**

Collected By:  
 Relinquished By:

Received By & Date:

**RUSH**  
 (must call ahead)

Comments / Additional Services:

PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE	PLACE PRE-PAID STICKER HERE
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