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ENVIRONMENTAL COMPANY/CLIENT INFORMATION

Company/Client Name: _____ Phone: _____ Fax: _____
 Company/Client Address: _____ City: _____ State: _____ Zip: _____
 Company Contact Person: _____ Phone: _____ Ext.#: _____ Bill to Credit Card on File
 Email Address for results: _____ Credit card form submitted

PROJECT SAMPLE INFORMATION

Project ID Name : (unique name by client) _____ Date sample(s) collected: ___/___/___
 Address where sample collected: _____ City: _____ State: _____ Zip: _____
 Samples collected by (print name): _____ Signature: _____
 Samples shipped by (print name): _____ Signature: _____
 Date released by client or Inspector : ___/___/___ Via (courier): _____ Tracking #: _____

Test Selection:

EMMA Panel R8700 <input type="checkbox"/>	Mycotoxin Panel (Only) D8400 <input type="checkbox"/>	Mold DNA Panel (Only) M8400 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample #: _____ Sample Description (MAX 3)
please print clearly _____
 RTL # (Lab use only) _____

COMBINE ALL SAMPLES FOR ONE PRICE AND ONE RESULT

YES NO

EMMA: Tests for 10 Toxigenic fungal DNA + 15 Mycotoxins

NOTE: Turn-around time – 7-10 business days on acceptance by laboratory (Incomplete information will put the sample on hold and delay testing)

For Lab Use Only:

Specimens received by (print name): _____ Signature: _____

Date received ___/___/___ Via (courier): _____ Tracking #: _____ Payment: CC / Check / MO / Company CC / None

Notes _____