

FORMALDEHYDE TESTING SAMPLE SUBMITTAL FORM

EMSL ORDER NUMBER (LAB USE ONLY)

EMSL ANALYTICAL, INC. 200 ROUTE 130 NORTH CINNAMINSON, NJ 08077

PHONE: (800) 220-3675

Your Name:	Please include payment with your samples.							
Street Address:		☐ Certified Check ☐ Money Order ☐ Credit Card						
Address 2:	If using a credit card please fill out the							
City/State:	"Credit Card Authorization" form which is the last							
Zip:	page of this document.							
Please Provide Results: Fax Ema	Phone #: Fax #:							
Project ID: EMSL - DBK	State where Samples were Collected:							
Email Address:	Amount of Check Enclosed (if applicable): \$							
Please check time frame results are needed in. The latter. Please enclose certified check, money order the USEPA, we are required to analyze all layers se	turnaround time starts or credit card informat	when the La	ab receives tl	ne samples a	and payment, v	whichever is the		
Industrial Hygiene Laboratory Services								
			Τl	JRNAROL	JND			
Formaldehyde –	<u>24 Hrs</u>	24 Hrs 48 Hrs 3 Days 4 Days				1 Week 2 Week		
Air Sample collect on Monitoring Bado NIOSH Method 2016 Modified	ge \$458	□ \$380	□ \$305	□ \$230	□ \$190	 \$150		
		Formaldehyde Badges - \$20 each Qty Total Cost						
Note: Please follow all sampling instruction	ons and paperwo	ork docun	nentation	include w	ith the san	nple badges		
Formaldehyde – Off-gas testing from s sample laminate flooring or other com wood products ASTM D5582-14 Desiccator Method –EMSL	□ \$799	□ \$635	□ \$477	□ \$397	□ \$318			
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.								
Farmaldahada Off asa tastian from i								
Formaldehyde – Off-gas testing from i flooring or other composite wood produced in the flooring or other composite wood produced in the flooring or other composite wood produced in the flooring of the floor		 \$650						
ASTM D6007-14 Small Chamber Study -EM						\$1300		
Sample Number	Sample Lo	ocation/Ma	aterial De	scription/	BadgeSam	pling Time		
						<u> </u>		
Total Number of Samples Sent:								
Date Sent:	Date Sent: Time Sent:							
Received (Lab):	Date:			Time:	Time:			
Comments:								
EMCY Analytical is strictly an analytical laboratory. We see such	1 1 ' 4	1 1 11	24 24	.1.		141		

EMSL Analytical 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. 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. 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. 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.



CREDIT CARD AUTHORIZATION FORM

EMSL ANALYTICAL, INC. 200 ROUTE 130 NORTH CINNAMINSON, NJ 08077

PHONE: (800) 220-3675

By signing this form and providing your credit card number, you acknowledge that the card # 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 Analytical, 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:					
☐ Visa ☐ Master Card ☐ American Express		Card Number:			/ Exp Date (MM/YY)			
Credit Card Billing Add	Iress		State/Provinc	e Zi	ip/Postal Code			
Security Code								
Cardholder Signature			Cardholder Phone Number					
For EMSL Use Only:								
Customer Number	Invoice or Order Number	\$ Inv	oice Total	Date				
Credit Card Charged b	y: (Print Name)	Cre	edit Card Charged	by: (Signatu	ıre)			
Credit Card Authorizati			mments:	, , ,				