

Lab Analysis Form

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone (with area code): _____

Email: _____

Referred by: Website / Friend / Doctor / Other

- I would like to receive my lab results online.
- I would like to receive my lab results by email.
- I would like to receive my lab results by regular mail.

If you choose to receive your lab results online, you will receive a notification via email that your lab report is ready to be viewed.

PAYMENT INFORMATION:

Total # of plates: _____ @ \$30.00 each = \$_____

Visa MasterCard Discover American Express

Card #: _____ - _____ - _____ - _____ Exp. Date: ____/____/____ CID: _____

Enclosed is my check made payable to Tennessee Mold Consultants.

Very Important:

This form **MUST** be mailed back with the test plate(s) so they are processed properly and analyzed in a timely manner. Please contact us **IMMEDIATELY** if this form is not returned with the test plate(s). Tennessee Mold Consultants **WILL NOT** be responsible nor replace lost test plate(s) if this form is not returned with the test plate(s).

***** Please allow 7 to 10 days to process your lab results. *****