



EMSL CANADA, INC.
LABORATORY • PRODUCTS • TRAINING

SAMPLE SUBMITTAL FORM
EMSL ORDER NUMBER (LAB USE ONLY)

EMSL CANADA, INC.
10 FALCONER DRIVE UNIT #3
MISSISSAUGA, ON L5N 3L8

PHONE: (289) 997-4602

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							
	1 Hour	3 Hrs	6 Hrs	24 Hrs	48 Hrs	3 Days	4 Days	1 Week
BULK SAMPLE - PLM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPA 600/R-93/116 or NYS 198.1	\$375	\$255	\$218	\$165	\$158	\$143	\$128	\$95
Bulk Sample – Non-friable Organically Bound (floor tiles, roofing, etc.)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM EPA NOB or NYS 198.6					\$158	\$143	\$128	\$95
Settled Dust					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTM 5755/ASTM 6480					\$415	\$340	\$300	\$270
Soil and Vermiculite Samples					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM CARB 435, Level A					\$600	\$563	\$495	\$435
Drinking Water Sample								<input type="checkbox"/>
EPA Method 100.2 (fibers >10 microns)								\$450

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						
	3 Hrs	6 Hrs	24 Hrs	48 Hrs	3 Days	4 Days	1 Week
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"/>
	\$225	\$188	\$150	\$135	\$120	\$113	\$90

MOLD ANALYSIS

	TURNAROUND						
	6 Hrs	24 Hrs	48 Hrs	3 Days	4 Days	1 Week	2 Week
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"/>
	\$375	\$225	\$210	\$195	\$180	\$165	\$150
BULK, SWAB, AIR or DUST – Culturable Fungi							<input type="checkbox"/>
							\$270

ALLERGEN ANALYSIS

	TURNAROUND					TURNAROUND			
	3 Days	4 Days	1 Week	2 Week		3 Days	4 Days	1 Week	2 Week
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"/>
	\$540	\$432	\$342	\$270		\$540	\$432	\$342	\$270
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"/>
	\$324	\$252	\$198	\$162		\$324	\$252	\$198	\$162
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"/>
	\$324	\$252	\$198	\$162		\$900	\$720	\$576	\$468
Rat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergens Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$540	\$432	\$342	\$270	(Dog, Cat, Cockroach, & Dust Mites)	\$1260	\$990	\$792	\$630



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MICROBIAL WATER ANALYSIS

	TURNAROUND				
	48 Hrs	3 Days	4 Days	1 Week	2 Week
Total Coliform with E.coli Screen (SM 9223B, Presence or Absence)	<input type="checkbox"/> \$255	<input type="checkbox"/> \$225	<input type="checkbox"/> \$203	<input type="checkbox"/> \$165	<input type="checkbox"/> \$128
Total Coliform (SM 9222D Membrane Filtration Technique-Count)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$128
Enterococci (SM 9230C, Presence or Absence)	<input type="checkbox"/> \$255	<input type="checkbox"/> \$225	<input type="checkbox"/> \$203	<input type="checkbox"/> \$165	<input type="checkbox"/> \$128
<i>Pseudomonas aeruginosa</i> (SM 9213E, Membrane Filtration Technique)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$225
Sewage Screen (Total Coliform, E. coli & Enterococci, Presence or Absence)	<input type="checkbox"/> \$375	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Recreational Water Screen (SM9213 Total Coliform, Fecal Coliform, Staphylococcus, and Streptococcus)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$383

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:	

EMSL Canada 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 EMSL 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.



CREDIT CARD AUTHORIZATION FORM

EMSL CANADA, INC.
10 FALCONER DRIVE UNIT #3
MISSISSAUGA, ON L5N 3L8

PHONE: (289) 997-4602

EMSL Canada, Inc. 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 856-858-4800 ext 1306.

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

EMSL Canada, 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:	
<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 EMSL Use Only:

_____ Customer Number	_____ Invoice or Order Number	\$ _____ Invoice Total	_____ Date
_____ Credit Card Charged by: (Print Name)		_____ Credit Card Charged by: (Signature)	
_____ Credit Card Authorization Code		_____ Comments:	



SAMPLE SHIPMENT AUTHORIZATION FORM

EMSL CANADA, INC.
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PHONE: (289) 997-4602

PLEASE NOTE:

EMSL Canada Inc, may for certain tests and situations send samples for analysis to one of our sister labs. Any and all reasonable attempts to do the test in-house will be made before the decision to send out the samples(s) will be considered.

If sample shipment is necessary, please note that the shipping charges will be listed as a special charge on the invoice and will be the responsibility of the client. Sample shipping cost will reflect the actual cost to ship the samples.

If samples are not being analyzed in-house, an EMSL Analytical, Inc. Relinquish Form will need to be completed. Please fill and sign in "Client Notification" area on this form. All other required fields will be completed by the laboratory.

EMSL Canada Inc's staff will attempt to inform the client at the time of sample acceptance if samples will need to be sent out elsewhere for analysis. **Cost of analysis and shipping cost must be paid for at time of sample acceptance. Please ask if the samples can be handled in-house, if any shipping cost applies, and if any additional paperwork is necessary.**

**PLEASE PRINT, SIGN, AND DATE ON LINE BELOW TO
ACKNOWLEDGE UNDERSTANDING AND ACCEPTANCE
OF THE INFORMATION PRESENTED ABOVE**

Name (Print)

Signature

Date



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PHONE: (289) 997-4602

Initial Lab:	EMSL- Canada Inc	Phone Number:	(289) 997-4602
		Fax Number:	(289) 997 4607
Relinquished to:	EMSL-	Phone Number:	
		Fax Number:	
Does new Lab hold equivalent or additional accreditation*			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMSL Customer ID #:			
Client Name:			
Client Project:			
Date Received:			
Date Relinquished:			
Date Due:			
Special Instructions:			
Relinquished by (Signature):	Date:	Received by (Signature)	Date:
Relinquished by (Signature):	Date:	Received by (Signature)	Date:

Client Notification- Please sign this form and fax to the original laboratory. By signing below you agree to allow the above named laboratory to relinquish the samples to a new laboratory with equivalent or additional certification.

Name (please Print)	Signature	Agent of:	Date:
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If this is a reoccurring project or sample type that will require samples to be relinquished on a regular basis please sign below and the laboratory will keep this form on file.

Name (please Print)	Signature	Agent of:	Date:
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