



EMSL CANADA, INC.
LABORATORY • PRODUCTS • TRAINING

SAMPLE SUBMITTAL FORM

EMSL ORDER NUMBER (LAB USE ONLY)

EMSL CANADA, INC.
2756 SLOUGH STREET
MISSISSAUGA, ON L4T 1G3

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/Province:		
Zip:		
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email	Phone #:	Fax #:
Project ID: EMSL-	Province 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. Cost shown in Canadian Currency.

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	\$375	\$255	\$218	\$165	\$158	\$143	\$128	\$95
Bulk Sample – NOB (floor tiles, roofing, etc.)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM EPA NOB				\$240	\$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 Samples					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM EPA 600/R-93/116 with milling prep, Level A					\$600	\$563	\$495	\$435
Vermiculite Samples ** Qualitative (presence/absence)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEM Qualitative via Filtration Technique					\$418	\$338	\$310	\$284
Vermiculite Samples ** Quantitative (percentage)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLM EPA 600/R-93/116 with milling prep, Level A (0.25%)					\$600	\$563	\$495	\$435
Drinking Water Sample								<input type="checkbox"/>
EPA Method 100.2 (fibers >10 microns)								\$450

**Loose fill vermiculite sampled in the Province of British Columbia must follow the Cincinnati Method, EPA/600/R-04/004. (Call for pricing)

LEAD ANALYSIS

	TURNAROUND						
	3 Hrs	6 Hrs	24 Hrs	48 Hrs	3 Days	4 Days	1 Week
PAINT CHIPS, WIPES, SOIL, DUST via FLAME AA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER via GFAA	\$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				
	<u>48 Hrs</u>	<u>3 Days</u>	<u>4 Days</u>	<u>1 Week</u>	<u>2 Week</u>
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

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 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	<table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 5px;"> _____ Card Number: </td> <td style="border: none; padding: 5px; text-align: center;"> ____/____ Exp Date (MM/YY) </td> </tr> </table>	_____ Card Number:	____/____ Exp Date (MM/YY)
_____ 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.
10 FALCONER DRIVE UNIT #3
MISSISSAUGA, ON L5N 3L8

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

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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