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AIR QUALITY MOLD TEST KIT

RESULTS IN 2 -3 BUSINESS DAYS upon receipt of samples. Call for rush pricing.

DIRECTIONS

1. Close exterior doors and windows 24 hours prior to, and during, air sampling. Normal entry and exit is fine.
2. Optional: Turn the HVAC thermostat fan on 5 minutes prior to, and during, air sampling; this provides a more uniform air sample. Note: do not run fan if severe contamination is suspected.
3. Place pump 2-5' above the ground. Remove blue plug from base of spore trap, insert plastic tip at the base of spore trap into the rigid tube on top of the pump.
4. Remove top sticker from the spore trap. Note: keep sticker to reseal the spore trap once the sample is complete.
5. Press the start button. The pump will automatically stop after 5 minutes. Only run for 5 minutes!
6. Remove spore trap and reseal the openings using the saved sticker and blue plug.
7. **Important:** Note the serial number on the spore trap on the form below and describe the corresponding location. (e.g. serial no.: 2056409 – site description: 2nd floor master bedroom). Place sample into sealable bag.
8. For each additional air sample repeat steps 3-10, placing in the air pump in living areas of interest.
9. An exterior reference sample taken outside near the property is **required** for interpretation.
10. Fill out the remainder of the form* and **mail all kit contents back**. **A signature is required for analysis.*

REPORTING INFORMATION - HVAC: On Off

1. Serial no.: _____ Site description: _____

2. Serial no.: _____ Site description: _____

3. Serial no.: _____ Site description: _____

4. Serial no.: _____ Site description: _____

5. Serial no.: _____ Site description: _____

6. Serial no.: _____ Site description: _____

7. Serial no.: _____ Site description: _____

8. Serial no.: _____ Site description: _____

Site address or project no.: _____

Sampler's name: _____ Date taken: _____

Phone no.: _____ Special notes: _____

Email(s) for results: _____

Relinquished by (signature*): _____ Date: _____ Time: _____

PAYMENT OPTIONS

1. My check is enclosed (payable to Absolute Labs, Inc.)
2. Charge my: MC VISA AMEX DISC ACCOUNT KEEP MY INFORMATION ON FILE

Name: _____

Credit card #: _____ Exp. date: _____

Billing address: _____

City, State, Zip: _____

3. Pay online <http://www.testittoday.com/product/air-quality-mold-test/> - Order no.:

4. Cash – in person only

**By signing this form the client agrees to the terms and conditions posted on [testittoday.com](http://www.testittoday.com) and absolutelabs.net.*

LAB USE ONLY

Date received: _____ Received by: _____ Lab technician: _____
 Time received: _____ Lab file no.: _____ Date analyzed: _____