

\*An example of a properly completed form can be found at www.MoldTestResults.com.

Phone: (505) 217-0339 Fax: (505) 345-7259

www.MoldTestResults.com

BE SURE TO REGISTER AT www.MoldTestResults.com BEFORE MAILING YOUR PLATES. INCLUDE THIS FORM AND PAYMENT WITH THE MOLD PLATES. MAIL THE COMPLETED FORM, PAYMENT AND PLATES TO: ImmunoLytics • 5930 Midway Park Blvd. NE • Albuquerque, NM 87109

City: Phon	e (include area code):	State:			Zip:
Emai	l:				
PLE	ASE EMAIL A COPY OF THIS R	EPORT TO	(print nan	ne):	
$\square$ M	y Doctor:		] My Pharm	acist:	
Er	vironmental Specialist:		Other (ema	il address required):	
ID #	Sample Description/Location (should match description written by you on bottom of test plate)	Date Sampled	Time Sampled	Analysis Requested	Comments
1	• /			Genus ID/Count	
2				Genus ID/Count	
3				Genus ID/Count	
4				Genus ID/Count	
5				Genus ID/Count	
6				Genus ID/Count	
7				Genus ID/Count	
8				Genus ID/Count	
9				Genus ID/Count	
10			<u> </u>	Genus ID/Count	
Relinquished by:				Received by:	
Sign Here:				Signature:	
Print Name Here:				Printed:	
Date: Time:				Date:	Time:
Your nealth	ty plate testing is a simple, inexpen medical professional may request to a. If you are testing for other reasons sive testing with bio-aerosol samplin	this test to h	nelp determinel contact a co	ine if your environ	ment may be affecting yo
when	ts will be posted to your account a your report is ready. Hard copy by ts can be accessed by your doctor, pl	fax or mail	is \$5.00 ex	ktra. Allow 14 days	s to process and post repor
	I would like to take advantage of Pharmacist. I can be reached betwee We suggest you make a list of any that all of your concerns are dealt v	een 8:00 am a health and e	and 5:00 pm environment	n at <u>(</u> ) tal questions prior t	<u> </u>
	J				