Analysis Request Form (COC)

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Lab Use Only

Batch ID:

Results to (via email):

Name: _____
Company: _____
Address: _____
City, State Zip: _____
Phone: _____
Email: _____

Invoice to (if different):

Name: _____
Company: _____
Address: _____
City, State Zip: _____
Phone: _____
Email: _____

Sample notes / Special request: _____

Service Requested (check box): ☐ **MARIA*: environmental, food, or LAA (circle one)** ☐ **ELISA** ☐ **Endotoxin: rFC, LAL or gel clot (circle one)** ☐ **Enzyme**

*MARIA is the default method for allergen analysis and offers higher sensitivity and reproducibility versus ELISA. A discount pricing structure is built into MARIA analysis for multiple allergens.

InBio ID (Lab Use Only)	Sample Name / ID	Sample Type (dust, air filter, etc.)	Air Sample Volume (L)	Analytes (e.g. Der p 1, Endotoxin, protease, etc)

NOTE: A processing fee of $50 per sample will be charged for dust samples that contain less than 10mg of fine dust. Sample results will be reported as NES* (Not Enough Sample). NES samples may be tested and reported as nanogram allergen per sample without the NES charge, but report guidelines will not be applicable. Initial here to pre-authorize this option: _____

Lab Use Only   **Date Received:** _____   **Temp:** _____   **Probe S/N: 230791772**   **Quantity:** _____   **Initials:** _____

Balance S/N (for dust sample weight): 122702701   **Comments:** _____

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