

LIFT TAPE INFORMATION FORM

(send with samples and payment)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Date of test _____

Email Address: _____

Enter lift tape Number and collection site

No. _____ Site _____

No. _____ Site _____

No. _____ Site _____

No. _____ Site _____

No. _____ Site _____

Note: Laboratory Results will be delivered via
Email unless another delivery option is
chosen below.

NUMBER OF LIFT TAPES _____ x \$30 = _____

(Results will be sent out within 2 weeks from
IMS Laboratory's receipt of your samples)

OPTIONAL SERVICES:

EXPRESS Service (add \$15.00 per sample) + _____
(4-7 days from our receipt of your samples)

RUSH Service (add \$30.00 per sample) + _____
(1-2 business days from our receipt)

Fax Delivery of Results (add \$5.00) + _____
Fax #: (____) _____

Delivery of Results via **U.S. Mail** (add \$10.00) + _____

TOTAL DUE _____

Method of Payment:

Check or Money Order (made payable to IMS Laboratory)

Credit Card (Visa, MasterCard, A/E, or Discover)

Credit Card Billing Information:

Name on Card _____

Street Address _____

City _____ State _____ Zip _____

Credit Card No. _____

Exp. Date _____ CVV Code _____

Amount \$ _____ Date: _____
3 digit code off back of card

Signature _____

IMS LABORATORY Lift Tape Mold Test Kit Directions for Use

1. Label the tape with your sample location.
2. Remove the tape from its backing.
3. Position the adhesive side of the tape over the suspect area and press lightly. (Do not rub back and forth).

There should be a light deposit of material in square window on the tape.



4. Replace the tape onto the liner to its original position.
5. Complete the "Information Form" and place the tape(s) and the information form in the postage paid return envelope provided with your kit.
6. Mail the test kit back to IMS Laboratory.

IMS LABORATORY
3130 Old Farm Lane, Suite 1
Walled Lake, MI 48390
(877) 665-3373

Visit us on the Web:
www.homemoldtestkit.com