

THE JOHNS HOPKINS UNIVERSITY
DACI REFERENCE LABORATORY
Asthma and Allergy Center/Room 1A20
5501 Hopkins Bayview Circle/Baltimore, MD 21224
800-344-3224 410-550-2029 FAX 410-550-2030

NOTE: Please include this request form with each sample. Please use a separate form for each sample vacuumed. **If sending overnight, please do not send on a Friday because there is no one in the lab to accept your package on Saturday.**

CLIENT NAME _____

ADDRESS _____

TELEPHONE _____ FAX _____

PROJECT ID _____ ID _____

AREA/LOCATION VACUUMED _____

VACUUM DATE _____

____ Creditcard: VISA MASTERCARD AMEX DISCOVER
Creditcard # _____ EXP # ____/____/____

____ Bill to above address PURCHASE ORDER # _____

____ Bill to different address below:

TESTS REQUESTED:

Dust collectors are \$4.00 each.

- ____ House Dust Mite (Derm. pteronyssinus) \$30.00
- ____ House Dust Mite (Derm. farinae) \$30.00
- ____ Cat (Fel d 1) \$30.00
- ____ Dog (Can f 1) \$30.00
- ____ Cockroach (Bla g 1) \$30.00
- ____ Cockroach (Bla g11) \$30.00
- ____ Mouse Urine Protein (Mup) \$30.00
- ____ Rat Urine Protein (Rup) \$30.00
- ____ Mold Spore Colony count (not speciated) \$30.00

DACI USE ONLY
____ DACI BAG ____ OTHER