

PathCon[®] Laboratories

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Norcross, GA 30092

Phone: 770-446-0540
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PathCon Number: _____ Date: _____ Sampler Air Flow Rate: _____

Investigator: _____ Tel. _____

Company/Agency: _____ Fax. _____

Address for Report: _____

City _____ State _____ Zip _____ Purchase or Reference No. _____

Address for Invoice _____

City _____ State _____ Zip _____

This protocol is suggested to assist the on-site investigator in developing an overall sampling strategy. PathCon Laboratories does not assume responsibility for selection of the appropriate sampling protocol or interpretation of the findings. These decisions must be made by the on-site investigator. Sampling should be done by a trained environmental health professional with experience in sampling for microorganisms; therefore, this protocol should not be considered a complete sampling guide.

INSTRUCTIONS FOR USING AIR-O-CELL CASSETTES AND RECORDING DATA

- 1) At the job location, record the Site number/Cassette number and the Site description on the Sample Record Sheet (back of this page).
- 2) Recommended sampling flow rate is 15 liters per minute (Zefon International; Bioaerosols: Assessment and Control, ACGIH, 1999).
- 3) Recommended sampling interval for typical office environment or outdoors (no visible dust) is 10 minutes. Refer to the Zefon Analytical Accessories Users Manual for the AIR-O-CELL for a complete guide to sampling times based on environmental conditions of site.
- 4) Connect the AIR-O-CELL cassette to the sampling pump using flexible tubing. Remove the tape seal covering the inlet of the cassette (place the tape seal on the side of the cassette to use to reseal the cassette). Turn the sampling pump on and run for the appropriate sampling duration. Replace the tape seal after sampling. Put cassettes back into plastic bag in which they were originally packed.
- 5) Ship the cassettes to the laboratory using the enclosed return Federal Express Airbill.
- 6) Enclose a copy of the Sample Record Sheet(s) with the AIR-O-CELL cassettes.

CHECK ONE

Regular Service: 2-4 DAYS - \$60.00 per Air-O-Cell cassette _____
or

Expedited Service: 1 DAY - \$100.00 per Air-O-Cell cassette _____

Regular service will be provided unless expedited service is requested.

PathCon Laboratories - Project Number _____

Sample Identification Record

Health Complaint
Location:

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

Site # _____ Description: _____ Yes _ No _

Comments: _____

For client signature:

Released by: _____

Date: _____ Time: _____

For PathCon signature:

Received by: _____

Date: _____ Time: _____