

RADON TEST INFORMATION SHEET – TEST INSTRUCTIONS ON BACK

Please read ALL instructions before beginning test. Scan the code for Instructional Video.
Failure to complete ALL INFORMATION may delay your results and incur an additional fee.



DrHomeAir.com/AE-video/

Please PRINT in BLACK INK ONLY. One CAPITAL LETTER per box. This form is machine read.
Capitalize letters I & L with the bars (serifs) and the number zero 0 with a strike through.

Last Name:

First Name:

Mailing Address:

City:

State: ZIP: Phone #: - -

How would you like to receive your report
Please mark ONE box with an "X"

Email Fax Mail

Test results also available Online 24/7 at DrHomeAir.com/Results

Email:

Fax: - -

***** THE TEST SHOULD BE RUN BETWEEN 48-96 HOURS ONLY *****

Record the Test Kit Serial # for your own records.
It is required when contacting the lab for any reason.

Test Kit Serial #:

Test Start Time: Hour Min AM PM Mark AM or PM with "X" Month Day Year

Test Stop Time: Hour Min AM PM Month Day Year

Test Floor: Basement 1st Floor 2nd Floor 3rd Floor + Other

Structure Type: Slab (No Basement) Crawl Space Basement Multi-Story (No Basement)

Closed House Conditions? Yes No

Testing Reason: Real-Estate Transaction Post Mitigation Personal Knowledge

Room Location:
(Example: Living Room)

***** COMPLETE ONLY IF TEST ADDRESS IS DIFFERENT FROM THE ADDRESS ABOVE *****

Test Address:

City:

State: ZIP:

\$15 ANALYSIS FEE PER TEST REQUIRED. ADDITIONAL \$10 REQUIRED IF TESTING IN NEW JERSEY.

Checks payable to Alpha Energy Labs

\$10.00 NJ STATE FEE

\$10.00 RUSH SERVICE (OPTIONAL)

CREDIT CARD #:

CC EXP: - CVS:

BILLING ZIP:

SIGNATURE: _____ DATE: _____