

Client Name: _____

Client Address: _____

Contact Information: _____

Additional Information: _____

Name of Submitter: _____

Acid ID (if applicable): _____

TESTS (Write test # in "Test(s) Requested" column)				Rush Request (Internal Clients Only)	
Oil & Grease	(1)	Total Phosphorus	(11)	Yes	
TPH	(2)	Silver (Ag)	(12)	No	
TSS	(3)	Cadmium (Cd)	(13)	Approved By:	
Ammonia	(4)	Chromium (Cr)	(14)		
Chloride	(5)	Copper (Cu)	(15)	Matrix	
Nitrite	(6)	Lead (Pb)	(16)	Non-potable water (NP)	
Nitrate	(7)	Manganese (Mn)	(17)	Solid (S)	
Sulfate	(8)	Nickel (Ni)	(18)	Drinking Water* (DW)	
pH	(9)	Zinc (Zn)	(19)	Air (A)	
Conductivity	(10)	Other ()	(20)		

Sample ID (Lab Use Only)	Site Address	Site/ Permit ID (if applicable)	Sample Source	Sampled		Sample Collected By	Qty	Test(s) Requested	Matrix (circle one)
				Date	Time				
									NP / S / DW / A
									NP / S / DW / A
									NP / S / DW / A
									NP / S / DW / A
									NP / S / DW / A

*For drinking water (DW) matrix, client acknowledges that the lab is NELAP-accredited only for Lead testing and not for any other test.

Submitter Signature: _____

Receiver Signature: _____

Date/Time Submitted: _____

Lab Use Only: On Ice: Yes / No / NA pH < 2: Yes / No / NA Sample temperature: _____ °C Corrected temperature: _____ °C Thermometer ID: _____ Additional Information: _____
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