

IMPORTANT: READ CAREFULLY

THIS SAMPLE WILL NOT BE TESTED IF ANY OF THE FOLLOWING APPLY:

1. The sample is **over 30 hours** old upon receipt in the laboratory.
2. The sample is received after testing hours. (Contact the laboratory for the hours and days that samples are processed).
3. The sample bottle is not properly filled. Fill only to the break of the shoulder. Airspace is essential. If over-filled, pour out excess before replacing cap.
4. The fee for laboratory service has not been provided or other arrangements have not been made.
5. The sample information form is not properly filled out.
6. A container other than provided by the laboratory is used.

COLLECTING AND SUBMITTING THE SAMPLE

GENERAL:

1. Print on **HARD SURFACE**, clearly and heavily. Treated paper will make copies without carbon.
2. Return **ALL** copies of this form with your sample.
3. This bottle has been sterilized-handle with the greatest care to avoid contamination.
4. **Do not rinse this bottle.** Deposits which may be noticed on the inside of the bottle are traces of chemicals which have been added to help stabilize the bacterial population in your sample.

COLLECTION PROCEDURE:

1. Tap samples: Remove screens, aerators, or any other devices and allow water to run five minutes before taking sample. Do not wash faucet before sampling. Hold cap in hand while filling. Do not touch inside surface of cap. Do not sample hot water.
2. Well samples: Pump out about 5 to 10 pails before taking sample. Thorough pumping to remove all traces of chlorine is necessary if well was chlorinated before sampling.
3. Lake, reservoir, swimming pool, and river samples: Select a point at which an average sample can be obtained. Hold cap in free hand while filling. Move bottle with continuous forward sweeping motion.

SUBMITTING THE SAMPLE:

1. Fill out this form completely. Place filled bottle and form in mailing carton and return to the laboratory designated at the bottom of the form.
2. Collect samples at a time such that they can be shipped or mailed immediately.
3. Sample must reach the lab for analysis within 30 hours of collection.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
WATER BACTERIOLOGICAL ANALYSIS
SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK
If instructions are not followed, sample will be rejected.**

DATE COLLECTED MONTH DAY YEAR / /		TIME COLLECTED : : <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME
TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (Serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: CIRCLE GROUP I.D. No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A B		
NAME OF SYSTEM			
SPECIFIC LOCATION WHERE SAMPLE COLLECTED		TELEPHONE NO. DAY () _____ EVENING () _____	
SAMPLE COLLECTED BY: (Name)		SYSTEM OWNER/MGR.: (Name)	
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD INTERTIE or OTHER			

SEND REPORT TO: (Print Full Name, Address, and Zip Code)

_____ Washington _____

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment ----->	<input type="checkbox"/> Chlorinated (Residual: ____ Total ____ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date ____ / ____ / ____
<input type="checkbox"/> RAW SOURCE WATER	Source # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	
<input type="checkbox"/> OTHER (Specify) _____	

(LAB USE ONLY)		
_____ ANOTHER SAMPLE		REQUIRED
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:	
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent growth	
<input type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC	
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture	
<input type="checkbox"/> _____	<input type="checkbox"/> Excess debris	
LAB NO. (8 DIGITS)	DATE, TIME RECEIVED	RECEIVED BY

*Relinquished by: _____ Date/Time: _____

PRICING AND CHARGES

Prices to be charged for work performed for CUSTOMER are those currently published in the Columbia Food Laboratories, Inc. DBA Pixis Labs (herein referred to as "the LAB", where Columbia Food Laboratories, Inc. & Pixis Labs can be used interchangeably) standard price book unless otherwise agreed in writing by the CUSTOMER and the LAB. CUSTOMER must notify the LAB of price quotation at the time of the transfer of sample(s) to the LAB. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation. Unless otherwise agreed upon, samples containing hazardous material will be shipped back to client at their expense, or disposed of at a certain fee, waste category dependent. New accounts are accepted with full payment in advance by cash, check, Visa or Mastercard. A credit line may be established with an approved credit application.

DELIVERY AND LIABILITY LIMITATIONS

The specific format of the goods will be defined by CUSTOMER to the LAB upon delivery of the sample(s) to the LAB. The LAB will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the Quality Assurance Plan (QAP). Samples are retained for 30 days. If additional time is desired, then a written request is required, and an additional monthly fee will apply.

CONFIDENTIALITY

The LAB will treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

LIMITATION OF LIABILITY AND WARRANTY

The LAB gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of the LAB to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

PAST DUE ACCOUNTS

Credit line account are payable within 30 days. Accounts that are 60 days past due will incur 1½% per month on all past due sums until paid in full and will automatically default to cash on delivery (COD). Reports will not be released unless payment on past and current invoices are received. Customer agrees to pay the interest as a service charge and all the LAB's collection costs, including reasonable attorney fees.

EXPERT TESTIMONY AND COURT APPEARANCES

In the event CUSTOMER requires the further written opinion or testimony of any employee of the LAB, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by the LAB.

ALTERNATIVE DISPUTE RESOLUTION (ADR)

Any disputes arising out of this Agreement or the analytical testing or reporting by the LAB shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

APPLICABLE LAW

Legal matters arising from work performed by the LAB for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.