

Information from Location where Sample was Taken	Realtor or Second Party Information
Name: _____	Company Name: _____
Address: _____	Attention: _____
City _____ State: _____ Zip Code: _____	Address: _____
Phone: _____ Cell: _____	City _____ State: _____ Zip Code: _____
E-Mail: _____ Fax: _____	Phone: _____ Cell: _____
Point Where Sample was Taken: _____	E-Mail: _____ Fax: _____
Collection Date/Time: ____ / ____ / ____ : ____ am/pm	<b>Send Report to:</b>
Collected By: _____	<input type="checkbox"/> Home Owner (email):
	<input type="checkbox"/> Realtor or Second Party (email):
Special Instructions:	

**ARSENIC, NITRATE, AND COLIFORM BACTERIA INSTRUCTIONS**

- Fill out the address and sample collection information at the top of the form and attach payment. **5-day TAT for test package E9007 = \$60.** Call our Customer Service Department for information and pricing on **rush** samples or sample pick-up.
- The Coliform test sample must be collected in the sealed, sterile bottle. **The sample must be collected from the source prior to any form of treatment, or after injection points where the treatment has been disabled or bypassed.** Before collection, remove any strainers and wipe the faucet clean with an alcohol swab. Run the water for 5 minutes or until it reaches constant temperature before collecting the sample. Remove the sterile seal from the bottle and remove the cap. Do not rinse out the bottle. Take care to not touch the inside of the cap or bottle. Fill the bottle between the 100 ml and the fill line. Be sure to leave a 1-inch airspace. Do not overfill or overflow the bottle.
- Fill both the Arsenic and Nitrate sample bottles.
- Arsenic, Nitrate, and Total Coliform samples must be received by the laboratory within **24 hours** of sample collection. Samples must be kept cool, between 36° and 43°F.

**Samples may be rejected if sampling instructions are not followed or if the microbiological sample has leaked, is not filled properly, and/or is over 30 hours old.**

CHAIN OF CUSTODY:					
Relinquished By: _____		Date/Time: _____		Received By: _____	
Date/Time: _____		Received By: _____		Date/Time: _____	
<b>Lab Use Only</b>					
Client Alias:				Order Number:	
Cash \$:	Check \$:	Check No.:		Visa/MC \$:	
<input type="checkbox"/> One (1) inch Air Space <input type="checkbox"/> Proper Container Evidence of Cooling <input type="checkbox"/> Yes <input type="checkbox"/> No    Temp: _____ °C <input type="checkbox"/> Temperature 36°- 43°F, unless sample is received on ice within 2 hours of collection.					

*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. All credit line accounts are payable within 30 days following the date of invoice and subject to legal interest on past due accounts. Accounts that are 60 days past due will automatically default into cash on delivery (COD). Reports will not be released unless payment on past and current invoices is received.*