

## TEST REQUEST FORM FOR WATER SAMPLES

Contact: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_

Pho: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

Check box if this is new contact info.   
 Reports will be emailed unless otherwise notified.

**Please email receiving@gpalab.com for supplies needed (micro bottles or acid-preserved bottles for metals, plain shippers for other tests, etc.).**

**Customer Sample ID:**

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ am/pm  
 \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ am/pm  
 \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ am/pm  
 \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ am/pm  
 \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ am/pm  
(mo) (day) (yr) (circle one)

**Sample Type: (Please mark one) Routine** \_\_\_\_ **Repeat** \_\_\_\_  
**Routine** - Standard, semi-annual samples.  
**Repeat** - Repeat sample due to analysis results out of spec for a sample previously submitted. All samples with results too numerous to count (TNTC) or confluent with coliform are invalid and must be replaced with a single sample from the same location within 24 hours of being notified.

Analyses Requested					
Standard Plate Count		Total Suspended Solids		Copper	
Coliforms		Alkalinity, Total		Lead	
E.coli		Chlorine, Total Free		Mercury	
Staphylococcus (Coag Pos)		Chloride		Selenium	
Salmonella (spp.)		Nitrogen-Nitrate		<b>Others:</b> _____ _____ _____ _____ _____	
Mold		Nitrogen-Nitrite			
Yeast		Sulfate			
pH		Sodium			
Turbidity		Iron			
Color		Manganese			
Odor		Arsenic			

Comments/Additional Information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

This form can be printed from our website ([www.gpalab.com](http://www.gpalab.com)) by selecting Test Request Form-Water.