

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 contact Sarah Madigan in the Great Plains Micro Lab (816-891-7337 or smadigan@gpalab.com) for supplies needed (micro bottles or acid-preserved bottles for metals, plain shippers for other tests, swabs, whirl-pak sample bags, 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	Others:			
Mold	Nitrogen-Nitrite				
Yeast	Sulfate				
pH	Sodium				
Turbidity	Iron				
Color	Manganese				
Odor	Arsenic				

Comments/Additional Information:

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