Drinking Water Multiple WSI / ANALYSIS REQUEST

eurofins

Main Lab (800-755-9295)
1620 S Walnut St, Burlington, WA 98233
Bellingham (888-725-1212)
805 W Orchard Dr. Suite 4, Bellingham, WA 98225

Client & Billing Information

Report To:	Bill To:
Ship Address:	Address:
City: St: Zip:	City: St: Zip:
Phone:	Phone:
Email:	P.O.#
Contact:	
Project Name:	

INSTRUCTIONS
1. USE ONE LINE PER SAMP LE LOCATION .
2. BE SPECIFIC IN TEST R EQUESTS .
3. CHECK OFF ANALYSIS TO BE PERFORMED FOR EACH S AMPLE LOCATION .
4. ENTER NUMBER OF CONT AINERS PER SAMPLE LOCATION .

Turn Around Time Requested

- ☐ STANDARD
- ☐ HALF-TIME (50% SURCHARGE)
- ☐ QUICKEST (100% SURCHARGE) PHONE CALL REQ.
- ☐ EMERGENCY (PHONE CALL REQUIRED)

SPECIAL SOURCE NUMBERS

92 DISTRIBUTION (THM/HAA)
96 BLENDED SAMPLE
93 STANDING WATER (PB&CU)
95 LAB COMPPOSITE
00 DISTRIBUTION (BACTERIA)

	SYSTEM ID	SOURCE#	SAMPLE LOCATION	DATE	TIME	Compliance	Nitrate	THM	HAA	Volatile Organics	Lead & Copper					Number of Containers	SPECIAL INSTRUCTIONS / CONDITIONS ON RECEIPT
1						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
2						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
3						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
4						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
5						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
6						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
7						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
8						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
9						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
10						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		

SAMPLED BY: PHONE: FAX: EMAIL: ? TOTAL CONTAINERS

DDSAMPLES RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME

	YES	NO	N/A
CUSTODY SEALS INTACT	☐	☐	☐
SAMPLE TEMP_____°C SATISFACTORY	☐	☐	☐
EVIDENCE OF COOLING	☐	☐	☐
SAMPLES RECEIVED INTACT	☐	☐	
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	

FORM: WSIMult_WA.rpt