

Drinking Water Multiple WSI / ANALYSIS REQUEST

Page _ of _

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



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

Instructions

1. Use one line per sample location.
2. Be specific in test requests.
3. Check off analysis to be performed for each sample location.
4. enter number of containers 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 Composite
 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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SAMPLED BY: _____ PHONE: _____ EMAIL: _____ ? Total Containers

Samples Relinquished by	Date	Time	Received by	Date	Time

Custody seals intact

Sample temp ____°C satisfactory

Evidence of cooling

Samples received intact

Chain of custody & labels agree

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>