



41 Kenosia Avenue | Danbury, Connecticut 06810 | Telephone 203-798-2229

## Sample Record Sheet

**Instructions:** Please fill out all of the requested information and return it with your sample. State regulations require that this information be given to the laboratory. All of the information will appear on your report. One form per sample site.

Name: \_\_\_\_\_ Collectors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Collectors Telephone No.: \_\_\_\_\_

\_\_\_\_\_ Date Collected: \_\_\_\_\_

Address of Site: \_\_\_\_\_ Time Collected: \_\_\_\_\_

\_\_\_\_\_

**Source of Sample:** \_\_\_ Kitchen Tap \_\_\_ Bathroom Tap \_\_\_ Other \_\_\_\_\_

**Filter:** \_\_\_ Present \_\_\_ Not Present Type of Filter: \_\_\_\_\_

**Matrix:** \_\_\_ Water \_\_\_ Soil \_\_\_ Air \_\_\_ Paint \_\_\_ Other \_\_\_\_\_

**Processing Options:** \_\_\_ STAT \_\_\_ Normal \_\_\_ Pick Up \_\_\_ FAX \_\_\_\_\_

### TEST REQUESTED

(Please check appropriate tests)

Profile \_\_\_\_\_ Total Coliform \_\_\_\_\_ Lead (1<sup>st</sup> Draw) \_\_\_\_\_  
(includes 13 analytes)

Lead (Flush) \_\_\_\_\_ EPA 524.2 \_\_\_\_\_ Radon \_\_\_\_\_

Other: \_\_\_\_\_

### For Lab Use Only

Date Received: \_\_\_\_\_ Temp Upon Receipt: \_\_\_\_\_ °C Time Received: \_\_\_\_\_

Lab Number: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ \_\_\_ Cash \_\_\_ Check

CONNECTICUT, NEW YORK AND NELAC CERTIFIED

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