



	Lab use only:
	Received By: _____
	Received Date: _____

Client Name: _____	Sampling Contact: _____
Company Address: _____	Name: _____
_____	Phone: _____ Email: _____
_____	PO #/ _____
Sampling Zip Code: _____	Job Name _____

Samples from New York: _____	Yes / No
Collected By: _____	Relinquished By: _____
Collected Date: _____	Relinquished Date: _____

Sample ID	Test Code	Sample Location	Retest	Non/Potable (P/NP/CT)	Total Volume/Area	Temperature Laboratory Use Only °C
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						