



Arsenic, Nitrate, and Coliform

<u>Information from Location where Sample was Taken</u>	<u>Realtor or Second Party Information</u>
Name: _____	Company Name: _____
Address: _____	Attention: _____
City: _____ State: ____ Zip Code: _____	Address: _____
Phone: _____ Cell: _____	City: _____ State: ____ Zip Code: _____
E-Mail: _____ Fax: _____	Phone: _____ Cell: _____
Point Where Sample was Taken: _____	E-Mail: _____ Fax: _____
Collection Date/Time: ____/____/____ ____:____ am/pm	<u>Send Report to:</u>
Collected By: _____	<input type="checkbox"/> Home Owner
	<input type="checkbox"/> Realtor or Second Party
Special Instructions: _____	

ARSENIC, NITRATE, AND COLIFORM BACTERIA INSTRUCTIONS

1. Fill out the address and sample collection information at the top of the form and attach payment of **\$90.00, for standard turn-around**. Call our Customer Service Department for information and pricing on **rush** samples or sample pick-up.
SAMPLES RECEIVED WITHOUT PAYMENT CANNOT BE ANALYZED.
2. The Coliform test sample must be collected in the sealed, sterile bottle. Before collection, remove any strainers and wipe the faucet clean with an alcohol swab. Run the water for 5 minutes or until it reaches constant temperature before collecting the sample. Do not rinse out the bottle. Take care to not touch the inside of the cap or bottle. Fill the bottle between the 100 ml and the fill line. Be sure to leave 1 inch airspace. Do not overflow or overflow the bottle.
3. The Arsenic and Nitrate test sample must be collected in the separate plastic bottles.
4. Arsenic, Nitrate, and Total Coliform samples must be received by the laboratory within **24 hours** of sample collection. They must be kept cool between 36° and 43° F. **If the microbiological sample has leaked, not filled properly, and/or over 30 hours old the sample may be rejected and/or the data will be flagged as not meeting EPA or NELAC standards.**

CHAIN OF CUSTODY:			
Relinquished By _____	Date/Time _____	Received By _____	Date/Time _____
Relinquished By _____	Date/Time _____	Received By _____	Date/Time _____
Lab Use Only		Custabbr: _____	
		Job # _____	
		Cash \$ _____	Check \$ _____
		Visa/MC _____	Check # _____
<input type="checkbox"/> One (1) inch Air Space <input type="checkbox"/> Proper Container <input type="checkbox"/> Temperature 36°-43°F, unless sample is received on ice, within 2 hours of collection			