



# WATER ANALYSIS REQUEST FORM

FOOD | WATER | PHARMA | STERILITY | COSMETIC

Project Name: \_\_\_\_\_

Report Results To: \_\_\_\_\_

Company/Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Sample ID#:** \_\_\_\_\_ (For Lab Use Only)

**ANALYSIS REQUESTED (CHECK AS NEEDED)**

Description of Sample Location	SAMPLING		Total Bacteria (HPC)	Total Coliforms (TC)	Escherichia coli (EC)	Legionella sp.
	Date	Time				

**SPECIAL INSTRUCTIONS:** USE SAMPLE CONTAINER & INSTRUCTION SHEET PROVIDED

NOTE SECTION FOR CUSTOMER IF NECESSARY

**TURNAROUND REQUIREMENTS**

\_\_\_ RUSH (surcharges apply)

\_\_\_ STANDARD

Requested Date: \_\_\_\_\_

Requested Report Date: \_\_\_\_\_

**PWSS# (Public Water System Supply Number):**

**Water temperature at time of receipt must not be frozen or >8°C**

Temp. = \_\_\_\_\_

Acceptable Y or N (circle one)

Reject sample if unacceptable

**Submitted By:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**Received By:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date/Time received: \_\_\_\_\_

**INVOICE INFORMATION**

P.O # \_\_\_\_\_

BILL TO: \_\_\_\_\_

**FOR LAB USE ONLY**