

Sample Collected by: _____ _____ (Signature)	Date Collected: _____	Time Collected: _____	a.m./p.m. (circle one)
Please read the sampling collection procedures before filling out this page. Please fill out all applicable information in blue or black ink. Include this sheet with your sample.			
Results To: _____ Address: _____ Bill Also: <input type="checkbox"/> _____ Bill to: _____ Address: _____ Contact Phone No: _____ Send by Fax or e-mail: _____ (Enter fax no. or e-mail address, if wanted)	Client: _____ Sample ID: _____ (For use when more than one sample is collected)	<input type="checkbox"/> Check here to be notified that your sample does not meet the 2-6°C temp criteria. Results out of criteria will be flagged. (Required for regulatory samples.)	
Source of Sample: _____ (Example: kitchen faucet, faucet in room 401, etc)			
Water Type: <input type="checkbox"/> Drinking <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation Water Supplied From: <input type="checkbox"/> Own Well <input type="checkbox"/> Cistern <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____			
If needing a copy of the report sent to a third party, please write the name and address on the back of this sheet. Add \$1.00 per report.			

***COLIFORM SAMPLES: PRIOR APPROVAL NEEDED FOR SAMPLES ARRIVING ON FRIDAY.** Date and time *must* be entered for coliform bacteria samples. According to regulations, coliform bacteria analysis must be started within 30 hours of collection. (In Kansas, coliform samples from private wells may be accepted up to 48 hours, but the sample must be flagged past the holding time.) If mailing, please collect sample as close to shipping time as possible to avoid exceeding the 30 hour coliform limit. **Coliform bacteria sample received after 3 pm on Thursday or any time on Friday will have a minimum surcharge of \$20.00*.**

Water Test Packages (Check desired test or tests)		Price per Sample
Drinking Water Suitability	With Coliform <i>*Prior approval needed for samples arriving Thursday p.m. or Friday*</i> Fill both containers *\$20.00 minimum surcharge for Thursday p.m. or Friday samples*. Without Coliform Fill non-sterile container only.	<input type="checkbox"/>
Irrigation Water Suitability	Fill non-sterile container only.	<input type="checkbox"/>
Livestock Water Suitability	Fill non-sterile container only.	<input type="checkbox"/>
13 Parameter Test	Fill non-sterile container only.	<input type="checkbox"/>
Coliform Bacteria, only	<i>*Prior approval needed for samples arriving Thursday p.m. or Friday*.</i> (Presence/Absence)	<input type="checkbox"/>
Fill sterile container only	*\$20.00 minimum surcharge for Thursday p.m. or Friday samples*. (Colony Count)	<input type="checkbox"/>
Nitrate-Nitrogen Only	Fill non-sterile container only.	<input type="checkbox"/>
Coliform Bacteria and Nitrate-Nitrogen	<i>*Prior approval needed for samples arriving Thursday p.m. or Friday*.</i>	<input type="checkbox"/>
Fill both sterile and small non-sterile containers	*\$20.00 minimum surcharge for Thursday p.m. or Friday Samples*.	<input type="checkbox"/>
Other Packages - Contact lab for special containers and prices.		
<input type="checkbox"/> Need regulatory report format.		Total: _____

For Lab Use Only:			
Comments: <u> C S X </u>		Acceptable?: Yes / No	
Container: <u> U B N S H O </u>	Temperature: <u> I </u> °C	Date/Initial: _____	
Account No: _____	Lab No: _____	Received on Account: _____	Check No: _____