

Analytics Corporation

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Test Request Form

Client

Name: _____

Address: _____

Telephone: _____

Date & Time Sampled: _____/_____/_____

Sample Location

Name: _____

Address: _____

Health Department ID#: _____
(for new construction)

Collected by: _____

Type of Sample (Check one): Well Water Soil Other (specify): _____

Analysis Requested:

Bacteria Nitrite Nitrate Lead Copper Iron

Other (specify) _____

- **Standard turnaround is 5 business days.**
- **Rush turnaround is available; contact the laboratory for pricing and availability.**
- **Samples delivered after 3:30pm are considered received the next business morning.**

Provide Results to: _____

Telephone: _____ Fax: _____ Email: _____

Special Instructions: _____

I have read and understand the correct sampling procedures as outlined separately by Analytics Corporation. Analytics Corporation assumes no responsibility for sample collection and has established that samples may be rejected if any of the following conditions occur:

- **The sample is leaking or the sample container is damaged**
- **The sample has chlorine present**
- **The sample is received frozen**
- **The Test Request Form is not complete**
- **The sample was collected improperly or in an improper container**
- **The sample is received at Analytics more than 30 hours after collection**

I agree to pay fees **upon delivery** of sample(s) for the analysis requested.

Note: No analysis will begin until payment is received.

Client Signature: _____ **Date/Time Relinquished:** _____

Payment: Total Amount: _____ Check # _____ Cash _____

Sample receipt:

Analytics Representative: _____ **Date/Time:** _____