

# Analytics Corporation

10329 Stony Run Lane / Ashland, VA 23005 / Telephone: 804-365-3000 / Fax 804-365-3002

## Client

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

## Sample Location

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Sample ID: \_\_\_\_\_

(Please match to sample container)

Health Department ID# \_\_\_\_\_

(for new construction)

Date and Time Sampled: \_\_\_\_\_ / \_\_\_\_\_ Collected by: \_\_\_\_\_

Type of Sample (Check one): Well Water \_\_\_\_\_ City/County Water \_\_\_\_\_ Other \_\_\_\_\_

## Analysis Request:

\_\_\_\_\_ Bacteria \_\_\_\_\_ Nitrite \_\_\_\_\_ Nitrate \_\_\_\_\_ Lead

\_\_\_\_\_ Copper \_\_\_\_\_ Iron \_\_\_\_\_ Other(specify) \_\_\_\_\_

- *Standard turnaround is 5 business days.*
- *Rush turnaround is available, contact the laboratory for expedited turnaround pricing. ( please specify below the requested turnaround).*
- *Samples delivered after 3:30pm are considered received the next business morning.*

**Requested Turnaround: (circle one) 1-Day      2-Day      3- Day      Standard**

**Special Instructions:** \_\_\_\_\_  
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**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**

Client Signature: _____	Date/Time Relinquished: _____
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## **Clients without accounts require payment upon receipt.**

Payment:      Total Amount \_\_\_\_\_      Check# \_\_\_\_\_      Cash \_\_\_\_\_

## **Sample receipt:**

Analytics Representative: \_\_\_\_\_      Date/Time: \_\_\_\_\_

Temperature upon receipt: \_\_\_\_\_