



10329 Stony Run Lane, Ashland, VA 23005 • Tel: (804) 365-3000 • Fax: (804) 365-3002

Prepaid Real Estate Test Kit Form

***Required Fields**

Client

Sample Location

*Name: _____

Name: _____

*Address: _____

*Address: _____

*Telephone: _____

*Health Department ID#: _____
(for new construction)

*Date & Time Sampled: _____ / _____ Collected by: _____

*Type of Sample (✓): Well Water ___ Drinking Water ___ 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**

Note: No analysis will begin until payment is received.

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

KIT ORDER ID#: _____

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

Analytics Corporation Laboratory

Guidelines for Properly Collecting a Well Water/ Drinking Water Sample

1. Use the proper sterile container provided by our laboratory.
2. Make sure the container remains sealed until you are ready to take the sample.
3. **DO NOT** take the sample from a faucet with attachments (ex. Aerator screen, swivel type connector, attached water filter, frost proof connector, hose connector, garden hose, etc.).
4. Remove any attachment (ex: hose) from the faucet before taking the sample. We recommend that you take the sample from an outside faucet.
5. If the well has been recently chlorinated, run the water until there is no chlorine odor.
6. Flame the faucet (with a lighter or match) and let the water run for a few minutes before taking the sample.
7. Fill the container **ABOVE** the (100mL) fill line. Do not touch the inside of the container or the lid.
8. Make sure the container is closed properly. **IT MUST NOT LEAK.**
9. The sample should be kept on ice during transport and brought to the laboratory immediately after collection. If this is not possible, the sample must be kept refrigerated and delivered to the laboratory within 30 hours of collection. Do not freeze.
10. **A sample may be rejected for analysis if any of the following conditions occur:**
 - a. The sample is leaking
 - b. The sample has chlorine present
 - c. The sample container is damaged
 - d. Sample collected improperly
 - e. Sample is in an improper container
 - f. Sample received exceeds 30 hours from time of collection