

Request ID # Here

One Form Per Sample

Scientific Laboratory Division
1101 Camino de Salud NE
Albuquerque, NM 87102
Phone (505) 383-9000

One Form Per Sample

Lab Accession # Here

LAB USE>>> ONLY	DATE <<< TIME STAMP	Sample Temperature (°C): <input type="text"/>	Remarks: <input type="text"/>
	<input type="checkbox"/> Field preservation confirmed	<input type="checkbox"/> Preserved to pH < 2 at Lab	Date/Initial: <input type="text"/>

SUBMITTER CODE/DESCRIPTION: SAMPLE PRIORITY (call lab if 1 / 2):

USER CODE 30120 (ABCWUA)
 55000 (NMED-DWB)
 55410 (NMED-GWQB)
 64000 (Individual client fee-for-service)
 55910 (NMED-SWQB)

OTHER USER CODE (Select one):

SAMPLER NAME (Last): (First): SAMPLER ID #: CONTACT PHONE #:

WSS ID # (xxxxxxxx): WSS NAME:

FACILITY/LOCATION: FACILITY ID: SAMPLING PT. ID:

New / Change Address for Submitter -----> Name:
 New / Change Address for WSS / Client -----> Address, with ZIP:
 Attention To: ----->

FIELD DATA AND REMARKS
 Non-chlorinated Chlorinated Residual (mg/l): pH: Conductivity (µS/cm): Temperature (°C)
 Field remarks:

SAMPLING DOCUMENTATION
 NMED monitoring Compliance Pb & Cu - Compliance Non-compliance Split with facility Grab sample
 Confirmation Composite Other, Describe:

SAMPLE TYPE
 Water Finished water Filtered water Non-filtered water Raw Water Soil/Sediment Sludge
 Swipe/Smear Air sample Blood Tissue Urine Filter Other, Describe:

PRESERVATION OR ACID/BASE ADDED
 None Lab to acidify Shipped at < 4 C Hydrochloric acid Nitric acid Sulfuric acid Ascorbic acid Maleic acid
 Phosphoric acid Sodium thiosulfate Ammonium chloride Sodium hydroxide Other, Describe:

A&M ANALYSES LIST
 WC ANALYSES LIST
 OR ANALYSES LIST
 RC ANALYSES LIST
 CTAR ANALYSES LIST
 ADDITIONAL ANALYSES

DATE COLLECTED (MM-DD-YY): TIME COLLECTED (HH:MM 24-hr):

Please use this **CHAIN OF CUSTODY FORM** to record transfer

	On Shipping Container	Present & Intact	Not Present	Present & Damaged
The sample identified on this request form & sample container, was collected at the date & time shown in the form fields above; by the sampler listed above, and was transferred with a tamper-proof seal..... <i>By (print):</i> _____ <i>Signed:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sample identified on this form & container was accepted either at the DATE/TIME STAMP shown in the top left of this form, or at the date & time shown below (by the non-lab person below), and with a tamper-proof seal <i>By (print):</i> _____ <i>Signed:</i> _____ <i>Date:</i> _____ <i>Time:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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