

Request ID # Here  **One Form Per Sample**

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

**Lab Accession # Here**  **One Form Per Sample**

LAB USE>>> ONLY

DATE <<< TIME STAMP

Sample Temperature (°C):

Remarks:

Field preservation confirmed  Preserved to pH < 2 at Lab Date/Initial:

**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

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..... <b>By (print):</b> _____ <b>Signed:</b> _____	<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 <b>By (print):</b> _____ <b>Signed:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____	<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 person below), and with a tamper-proof seal..... <b>By (print):</b> _____ <b>Signed:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>