

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): <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

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..... By (print): _____ Signed: _____ | <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 By (print): _____ Signed: _____ Date: _____ Time: _____ | <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..... By (print): _____ Signed: _____ Date: _____ Time: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |