

NEW MEXICO DEPARTMENT OF HEALTH		CHEMISTRY BUREAU		ANALYTICAL REQUEST FORM (INTERACTIVE)	
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
1					
LAB USE>>> ONLY	DATE <<< TIME STAMP	Sample Temperature (°C):	Lab Remarks:	Date/Initial:	
		<input type="checkbox"/> Field preservation confirmed	<input type="checkbox"/> Preserved to pH < 2 at Lab		

SUBMITTER CODE/DESCRIPTION:		SAMPLE PRIORITY (call lab if 1 / 2):			
<input type="radio"/> USER CODE 30120 (ABCWUA)	<input checked="" type="radio"/> 55000 (NM-ED-DWB)	<input type="radio"/> 55410 (NMED-GWQB)	<input type="radio"/> 64000 (Individual client fee-for-service)	<input type="radio"/> 55910 (NMED-SWQB)	
<input type="radio"/> OTHER USER CODE (Select one):					
SAMPLER NAME (First):	3	(Last):	4	SAMPLER ID #:	5
CONTACT PHONE #:	6				
WSS ID # (xxxxxxxx):	7	WSS/SITE NAME:	8		
FACILITY/LOCATION:	9	FACILITY ID:	10	SAMPLING PT. ID:	11
<input type="checkbox"/> New / Change Address for Submitter -----> Name:					
<input type="checkbox"/> New / Change Address for WSS / Client -----> Address, with ZIP:					
<input type="checkbox"/> Attention To: ----->					

FIELD DATA AND REMARKS	<input checked="" type="radio"/> Non-chlorinated	<input type="radio"/> Chlorinated	Residual (mg/l):	pH:	Conductivity (µS/cm):	Temperature (°C)
Field remarks:						
SAMPLING DOCUMENTATION	<input type="checkbox"/> NMED monitoring	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Split with facility	<input type="checkbox"/> Grab sample	<input type="checkbox"/> Composite
<input type="checkbox"/> Confirmation <input type="checkbox"/> Raw water <input type="checkbox"/> Finished water <input type="checkbox"/> Other, Describe:						
SAMPLE TYPE	<input checked="" type="radio"/> Filtered water	<input type="radio"/> Non-filtered water	<input type="radio"/> Soil/Sediment	<input type="radio"/> Sludge	<input type="radio"/> Swipe/Smear	<input type="radio"/> Air sample
<input type="radio"/> Blood <input type="radio"/> Tissue <input type="radio"/> Urine						
<input type="radio"/> Filter <input type="checkbox"/> Other, Describe:						
PRESERVATION OR ACID/BASE ADDED	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Lab to acidify	<input type="checkbox"/> Shipped at < 4 C	<input type="checkbox"/> HCl to pH < 2	<input type="checkbox"/> HNO ₃ to pH < 2	<input type="checkbox"/> H ₂ SO ₄ to pH < 2
<input type="checkbox"/> Ascorbic acid <input type="checkbox"/> Maleic acid <input type="checkbox"/> Na ₂ S ₂ O ₃ <input type="checkbox"/> NaOH to pH > 12 <input type="checkbox"/> Other, Describe:						

A&M ANALYSES LIST	15 SDWA Lead & Copper (EPA 200.8 ICP-MS)
OR ANALYSES LIST	
RC ANALYSES LIST	
WC ANALYSES LIST	
CTAR ANALYSES LIST	
ADDITIONAL ANALYSES	

DATE COLLECTED (MM-DD-YY):	16	TIME COLLECTED (HH-MM-24-hr):	17
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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.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By (print):				Signed:			
19							
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By (print):				Signed: Date: Time:			
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.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By (print):				Signed: Date: Time:			

Preparing the Analutical Request Form

1. Place the RID (Request for ID) here
2. Select 55000(NM-ED-DWB)
3. Enter Sampler's first name
4. Enter Sampler's last name
5. Enter Sampler's ID#
6. Enter Sampler's contact phone number
7. Enter WSS ID# - *Contact the local Drinking Water Bureau for this information**
8. Enter WSS/Site name
9. Enter Facility/Location
10. Enter Facility ID - *Contact the local Drinking Water Bureau for this information**
11. Enter sampling point
12. For sampling documentation check Compliance
13. For sample type check non-filtered water
14. For Preservation or Acid/Base Added select none
15. For A&M Analyses List enter SDWA Lead & Copper(EPA 200.8 ICP-MS)
16. Enter date sample was collected
17. Enter time sample was collected
18. Print Form
19. Print name and sign form

- Information is required for SLD to process sample