

Sample Temp at Receipt: _____

NEL ID Number: _____

Chilling Process (has) (has not) begun

Temp. Control: _____

Sample Temperature (does) (does not) meet regulatory specifications of 4.0°C or lower

Report To:

Client / Company Name: _____

Send reports by (please circle): Mail Email Fax

Attn: _____

Copy to: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Invoice to (if different):

Attn: _____

Email: _____

Address: _____

Phone: _____

Fax: _____

Purchase Order #: _____

Site Information (if different from above):

Site Address: _____

Collected By (please print): _____

Analysis Requested

Note: Some testing parameters may be outsourced to a certified laboratory

Area and/or Tap Site Description	Date and Time Collected	Treatment	Water Source	# of Containers	Type of Container	Preservatives (if any)	Cyanobacteria (Blue Green) Count & ID	Extended Algae List Count & ID	Microcystins Recreational Water Strip
		N/A	N/A						
		N/A	N/A						
		N/A	N/A						
		N/A	N/A						
		N/A	N/A						

Turn Around Time (please circle): Standard 7-10 Days 3-5 Business Days 1-2 Business Days Same Day (must be into Lab before noon)

Comments/Notes:

Relinquished By: _____

Date / Time: _____

Received By: _____

Date/Time: _____

Relinquished By: _____

Date / Time: _____

Received By: _____

Date/Time: _____