

**Client Information:**

Company: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
**Reports To – If different from above**  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Sample Information:**

Sample Temp. at Receipt: \_\_\_\_\_ NE Labs ID: \_\_\_\_\_  
 Chilling Process:  Started  Not Started  
 Sample Temp. is 4.0°C or Lower to Meet Regulatory Specifications:  Yes  No  
 Purchase Order Number: \_\_\_\_\_  
 Collection Site Address: \_\_\_\_\_  
 Collected By (Print Name): \_\_\_\_\_

Requested Turn Around Time:  Standard 7-10 Days  3-5 Days  1-2 Days  Same Day (In lab before Noon)

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

| Site/Tap Description | Date & Time Collected | Water Source | # of Containers | Type of Container | Preservatives (If any) | Cyanobacteria (Blue Green) Count & ID | Extended Algae List & Count | Microcystins Recreational Water Strip | Other: |
|----------------------|-----------------------|--------------|-----------------|-------------------|------------------------|---------------------------------------|-----------------------------|---------------------------------------|--------|
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |
|                      |                       |              |                 |                   |                        |                                       |                             |                                       |        |

Indicate the samples requiring each test with an X in the grey boxes above

| Sample Collection:             | Notes |
|--------------------------------|-------|
| Released By:<br>Date and Time: |       |
| Received By:<br>Date and Time: |       |