Request for Sample Analysis

California Department of Public Health
Division of Drinking Water & Environmental Management
Drinking Water & Radiation Laboratory, Tel: 510-620-2911
850 Marina Bay PKWY / G164, Richmond, CA 94804

Collector Information:
Name: REQUIRED _____ Department: _____ Phone Number: _____ Send Report to: _____

Sample Information:
System Name: _____ System Number: REQUIRED _____ Date Collected: REQUIRED _____

Type and Treatment of Sample:
(1) Drinking Water (ready to drink) (2) Surface Water (3) Ground Water (4) Raw Water (5) Waste Water (6) Other _____
(7) Chlorinated (8) Chloraminated (9) pH adjusted (10) Other _____

Sample Preservation:
(1) No Treatment (2) Dechlorinated with _____ (3) Acidified (pH<2) with _____ (4) Iced
(5) Buffered with _____ (6) Other _____

Analysis Task Number: (leave blank)

Lab Number (leave blank)	Bottle ID No.	Sampling Point	Time Collected	Type of Sample [a)] (select from above)	Preservation [b)] (select from above)	Analysis Requested (and / or analytes)
	REQUIRED					

a) Fill in the number(s) under "**Type and Treatment of Sample**"; **b)** Fill in the number(s) under "**Sample Preservation**".

Chain of Custody: ALL CHAIN OF CUSTODY INFO REQUIRED

Date Released: Time: Name: Sample Condition: Signature:

Date Received: Time: Name: Sample Condition: Signature:

Date Received: Time: Name: Sample Condition: Signature: