



ANNUAL HEALTH

Chain-of-Custody

This paperwork must be completed and returned with your samples

Payment is expected upon receipt of samples

The cost of analysis is \$61.00 per sample.

The laboratory must receive all samples by 4:30 Monday-Thursday and will NOT accept samples on Friday.
The laboratory will NOT accept samples the business day prior to all major holidays.
The laboratory must receive the sample within 30 hours of sampling.

Report Delivery Information (*Email is preferred*) *Standard turn around time is approximately 10 business days*

Name:

Phone:

Email:

Additional Email (*if applicable*):

If a hard copy is needed, please provide your mailing address below (this will include an additional 2-5 days for delivery):

Mailing Address:

City, State, Zip:

Sample Information

Physical Address of Property:

Source / Site <small>(Well, Cistern, Kitchen Sink, Direct, etc.)</small>	Sample Collection Date	Sample Collection Time

Sampler Name (*Printed*): _____ Company (*if applicable*): _____

Sampler Signature: _____
I hereby acknowledge that this sample was collected at the above location, date and time.

Custody Record MUST be Signed	Relinquished by Signature: _____	Date/Time: _____	Received by Signature: _____	Date/Time: _____
	Relinquished by Signature: _____	Date/Time: _____	<u>Received by Laboratory Signature:</u> _____	Date/Time: _____

LABORATORY USE ONLY

Shipped by: _____	Custody Seals: Y N C B Intact: Y N	Receipt Temp: _____ °C	Temp Blank: Y N	On Ice: Y N
Payment Type (<i>circle one</i>) CC CASH CHK _____	Amount: \$ _____	Receipt Number: _____ <small>(Applicable to Cash & Check Payments)</small>		
ELI Laboratory ID: _____				

Sampling Instructions

THIS KIT CONTAINS THE FOLLOWING CONTAINERS FOR THE ANALYSIS INDICATED BELOW

1. **250mL Yellow Cap Plastic Bottle:** Fill this container to the top to allow for adequate sample volume. Preservative is not provided. The Sulfuric Acid will be added in the laboratory.
 - Nitrate plus Nitrite (measured as Nitrogen)

2. **100mL Sterile Container:** Please follow the directions on the enclosed brochure to collect for microbiological samples. Fill to or slightly above the raised, 100mL line marked on the container.
 - Coliform Bacteria (Total)
 - Coliform Bacteria (E. coli)