

Request ID # Here **One Form Per Sample**

Scientific Laboratory Division
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Albuquerque, NM 87102
Phone (505) 383-9000

Lab Accession # Here **One Form Per Sample**

LAB USE>>> ONLY

DATE <<< TIME STAMP

Sample Temperature (°C): Remarks:

Field preservation confirmed Preserved to pH < 2 at Lab Date/Initial:

SUBMITTER CODE/DESCRIPTION: SAMPLE PRIORITY (call lab if 1 / 2):

USER CODE 30120 (ABCWUA) 55000 (NMED-DWB) 55410 (NMED-GWQB) 64000 (Individual client fee-for-service) 55910 (NMED-SWQB)

OTHER USER CODE (Select one):

SAMPLER NAME (Last): (First): SAMPLER ID #: CONTACT PHONE #:

WSS ID # (xxxxxxxx): WSS NAME:

FACILITY/LOCATION: FACILITY ID: SAMPLING PT. ID:

New / Change Address for Submitter -----> Name:

New / Change Address for WSS / Client -----> Address, with ZIP:

Attention To: ----->

FIELD DATA AND REMARKS

Non-chlorinated Chlorinated Residual (mg/l): pH: Conductivity (µS/cm): Temperature (°C)

Field remarks:

SAMPLING DOCUMENTATION

NMED monitoring Compliance Pb & Cu - Compliance Non-compliance Split with facility Grab sample

Confirmation Composite Other, Describe:

SAMPLE TYPE

Water Finished water Filtered water Non-filtered water Raw Water Soil/Sediment Sludge

Swipe/Smear Air sample Blood Tissue Urine Filter Other, Describe:

PRESERVATION OR ACID/BASE ADDED

None Lab to acidify Shipped at < 4 C Hydrochloric acid Nitric acid Sulfuric acid Ascorbic acid Maleic acid

Sodium thiosulfate Ammonium chloride Sodium hydroxide Other, Describe:

A&M ANALYSES LIST

WC ANALYSES LIST

OR ANALYSES LIST

RC ANALYSES LIST

CTAR ANALYSES LIST

ADDITIONAL ANALYSES

DATE COLLECTED (MM-DD-YY): TIME COLLECTED (HH:MM 24-hr):

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..... <i>By (print):</i> _____ <i>Signed:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <i>By (print):</i> _____ <i>Signed:</i> _____ <i>Date:</i> _____ <i>Time:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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