

Sample Submission Form

490 E. Industrial Park Dr., Manchester, NH 03109
(603) 622-0200 phone

CUSTOMER INFORMATION					SAMPLE TYPE	REQUESTED TESTING									
Sample Submitted by:						DW - Drinking Water SW - Surface Water S - Soil WW - wastewater O - Other									LABORATORY
Company Name															
Address															
Contact Person															
Phone / Fax Number															
PROJECT/SITE															
Sample Date	Sample Time	Sample Description / Identification	Sampled by	Initials											I.D. NUMBER (LAB USE)
Relinquished By (signature)			Date	Time	Received By (signature)										
					Rec'd at Laboratory by:					Temp	Date	Time			
Remarks: In Cooler? Y N On Ice? Y N Cl2: Pos Neg NA Lab Containers Types: TC Min					40ml Radon	40 mls HCL	LC	SOC Set	IOC Set	HAA5 Set					

The laboratory reserves the right to subcontract testing at their discretion.
FRM-NH-Sample Submission Form Blank-01 09/11/2015