NEW MEXICO DEPARTMENT OF HEALTH

Request ID # Here

One Form Per Sample

CHEMISTRY BUREAU
Scientific Laboratory Division
700 Camino de Salud NE - PO Box 4700
Albuquerque, NM 87196 - 4700
Phone 505 841 2500

ANALYTICAL REQUEST FORM (INTERACTIVE)

Lab Accession # Here

One Form Per Sample

LAB USE>>> ONLY **DATE <<<TIME STAMP**

LAB USE - SAMPLE TEMPERATURE *(deg. C):*

SAMPLE PRIORITY: *(1, 2, 3 - call Lab if 1 or 2)*

- ◯ **55321** *(GWB - remediation superfund)*
- ◯ **55410** *(GWB - pollution prevention)*
- ◯ **55910** *(SWQB - MS)*
- ◯ **55920** *(SWQB - PSRS)*
- ◯ **55000** *(DWB - SDWA - fee-for-service)*
- ◯ **55420** *(DWB - non-reg. contaminants)*
- ◯ **64000** *(Individual client fee-for-service)*
- ◯ **OTHER** *(enter 5-digit user code)*

SUBMITTER CODE *(3-digit):* **WSS CODE** *(xxxxxxxxx):* **SITE ID** *(DWB = 4-digit, SWQB = 13-chars):*

FACILITY / WSS NAME:

FACILITY LOCATION *(if no WSS complete boxes):* *County:* *City:* *State:* NM, *or change to:*

SAMPLING LOCATION:

DATE COLLECTED *(MM-DD-YY):* **BY:** *Last Name:*

TIME COLLECTED *(HH:MM 24-hr):* *First Name:*

SAMPLE INFO CONTACT *Phone:* *Name if not collector:*

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

☐ *New / Change Address for WSS / Client ---------->* *Address:*

☐ *Send an additional report to ---------->* *City:*

FIELD DATA AND REMARKS ◯ *Non-chlorinated* ◯ *Chlorinated* *Residual (mg/l):* *pH:* *Conductivity (uS/cm):* *Temperature (deg. C):*

Field remarks:

SAMPLING DOCUMENTATION ☐ *NMED monitoring* ☐ *Compliance* ☐ *Non-compliance* ☐ *Split with facility* ☐ *Grab sample* ☐ *Composite* ☐ *Finished water* ☐ *Raw water* ☐ *Confirmation* ☐ *Other* *Describe:*

SAMPLE TYPE ◯ *Filtered water* ◯ *Non-filtered water* ◯ *Soil/Sediment* ◯ *Sludge* ◯ *Blood* ◯ *Urine* ◯ *Tissue* ◯ *Saliva* ◯ *Swipe/Smear* ◯ *Other air/liquid/solid* *Describe:*

PRESERVATION ☐ *None* ☐ *Shipped at < 4 C* ☐ *HCl added to pH < 2* ☐ *HNO_3 added to pH < 2* ☐ *H_2SO_4 added to pH < 2* ☐ *Asc. acid added* ☐ *Lab to acidify* ☐ *NaOH added to pH > 12* ☐ *Other* *Describe:*

HM ANALYSES LIST

OR ANALYSES LIST

RC ANALYSES LIST

WC ANALYSES LIST

ADDITIONAL ANALYSES

FOR LAB USE ☐ *Field preservation confirmed* ☐ *Preserved to pH > 12 at Lab* ☐ *Preserved to pH < 2 at Lab* *Date/Initial:*

Lab Remarks:

Please use **CHAIN OF CUSTODY FORM** *when requirements mandate*

We, the undersigned, certify that on _____ *Date* at _____ *Time* the sample identified on the container(s) and this form by Request ID number _____ was transferred with evidentiary seal(s) *(check applicable box)* ◯ *Not Present* ◯ *Present & Intact* ◯ *Present & Damaged*

Released by: _____ *Signature* & Received by: _____ *Signature*

Additional Transfer If Applicable

We, the undersigned, certify that on _____ *Date* at _____ *Time* the sample identified on the container(s) and this form by Request ID number _____ was transferred with evidentiary seal(s) *(check applicable box)* ◯ *Not Present* ◯ *Present & Intact* ◯ *Present & Damaged*

Released by: _____ *Signature* & Received by: _____ *Signature*

Print Form

Form last modified on 03/17/08

Reset Form