



For DSHS
Laboratory Use
Only

YYYY / MM / DD HH : MM (AM / PM)

Date and Time Received

Please indicate the laboratory where the sample was submitted by checking the appropriate box below:

Austin Laboratory
Laboratory Services Section, MC-1947
1100 W. 49th Street, Austin, Texas 78756
(888) 963-7111 x7598 or (512) 776-7598
NELAC Certificate No. T104704297
Laboratory Identification: 48001
Laboratory Certifying Agency: STATE

South Texas Laboratory
1301 S. Rangerville Road
Harlingen, TX 78552
(956) 364-8746 (956) 412-8794 Fax
NELAC Certificate No. T104704315
Laboratory Identification: 48021
Laboratory Certifying Agency: STATE

Sample Collection Data

Date and Time Collected: ** REQUIRED		Sample Site: ** REQUIRED (Address or other description – DO NOT use sample site number)	
Date:	MM DD YYYY (mm/dd/yyyy)		
Time:	HH MM SS <input type="checkbox"/> AM <input type="checkbox"/> PM		
County: ** REQUIRED for PWS ONLY	Sampler's Name: ** REQUIRED for PWS ONLY	Phone Number: (area code) **REQUIRED	
	Sampler's Signature: ** REQUIRED for PWS ONLY	EXT:	

Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

SYSTEM TYPE (Check one) ** REQUIRED	
<input type="checkbox"/> Public (PWS)	<input type="checkbox"/> School
<input type="checkbox"/> Private (Individual)	<input type="checkbox"/> Bottled (South Texas Laboratory ONLY)
<input type="checkbox"/> Other: _____	
SAMPLE TYPE **REQUIRED for PWS ONLY (Check one) NOTE: *Special and Construction samples are NOT FOR COMPLIANCE	
<input type="checkbox"/> Routine/Distribution	** All fields below are REQUIRED for "Repeat", "Replacement" or "Triggered Raw"
<input type="checkbox"/> Construction	Original Lab Sample Number: _____
<input type="checkbox"/> Raw **: Well ID _____	Date of Collection for Original Sample: MM DD YYYY
<input type="checkbox"/> Special _____	Original Lab ID:
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Austin Lab ID: 48001
<input type="checkbox"/> Repeat **	<input type="checkbox"/> South Texas Lab ID: 48021
<input type="checkbox"/> Replacement **	<input type="checkbox"/> Other: _____

Sample Submitter

Public Water System ID: ** REQUIRED for PWS ONLY. 7-digits	CHLORINE RESIDUAL: ** REQUIRED for PWS ONLY Chlorine Residual _____ mg/L <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Total Chlorine
TX	Public Water System (PWS) Name: ** REQUIRED for PWS ONLY

CHAIN OF CUSTODY ** REQUIRED for PWS ONLY			
Relinquished By (Sampler's Signature):	Date/Time:	Received By (Courier's Signature, if Applicable):	Date/Time:
Relinquished By (Courier's Signature):	Date/Time:	Received By (Lab's Signature):	Date/Time:
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other	Operator's License #:		

Send Sample Results To:	** REQUIRED	Results to be:
Name:		<input type="checkbox"/> Mailed
Address:		<input type="checkbox"/> Picked Up
City, State, Zip:		<input type="checkbox"/> Faxed ()
Phone: (area code)		

THE SUBMITTER WILL BE BILLED FOR ALL TESTING. There is a fee for this analysis. DSHS is not responsible for 3rd party payment arrangements. If you have questions about this fee, please call (512) 776-7578. **COPIES:** LABORATORY (white copy) CUSTOMER (yellow copy)

*** FOR DSHS LABORATORY USE ONLY ***			
Is Sample Iced? <input type="checkbox"/> YES <input type="checkbox"/> NO	Record receipt temperature of sample Observed _____ °C Corrected _____ °C	Record handheld thermometer ID No. _____	Lab Staff Initials/Date _____

WATER SAMPLES ACCEPTED MONDAY – THURSDAY 8AM – 4PM (EXCEPT HOLIDAYS)