Sample Analysis Form

Date Submitted: _____ Date Collected _____ Time Collected _____

Client Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone ( ) _____ Fax ( )

Sample Location:

Total Due: $ **Paid:** Cash Check

Charge V MC DC AmEx Diners Card # Expiration

Sample Number:

Analysis		**Requested**	**Value**	**Notes/Initial when done**
Safe Drinking Water Panel -	**$250**			
(21 Trace Elements, 6 Macro Elements, Total / Fecal Coliform, Sulfates, Nitrates, Nitrites, Total Dissolved Solids, Hardness, pH)				
Trace Element Fee Schedule				
Drinking Water 21 Element ICP-MS screen -	**$150**			
Waste Water 28 Element ICP -	**$120**			
6 Macro Element ICP Screen (Ca, Mg, Na, K, Fe, Si)	**$75**			
Sample Digestion or Filtration (.45µm) -	**$10**			
Single Element Analysis -	**$40**			

Microbiological Analysis Fee Schedule*			**Time/Date Incubated**	**Time/Date Checked**	**Initials**
Additional Fee for Friday Bacteria Testing -	**$35**				
Total / Fecal Coliform -	**$35**				
E. *Coli*. Additional -	**$15**				
MPN bacteria testing † -	**$250**				
Sulfate Reducing Bacteria -	$**45**				
Iron Related Bacteria -	$**45**				
Slime Forming Bacteria -	$**45**				

Inorganic and Physical Analysis			**Value/Notes**	**Initials**
pH -	**$10**			
Total Dissolved Solids -	**$25**			
Hardness (In addition to Macros $15) -	**$40**			
Sulfate -	**$25**			
Nitrate NO_3^- -N	**$30**			
Nitrite NO_2^- -N				
Total Alkalinity $CaCO_3$ -	**$25**			
Corrosivity (Langelier Index) -	**$75**			
Phosphates -	**$30**			
Total Chlorine -	**$15**			
Free Chlorine -	**$15**			
Chloride -	**$15**			
Fluoride -	**$25**			

*Prices are for Drinking water. Surface, miscellaneous and waste waters require additional charges. Call for a price quote.

† MPN testing for Total Coliforms, Fecal Coliforms or e-coli. Will require 72 hours.