



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
CHEMICAL WATER TESTING MULTIPLE SAMPLE TEST REQUEST FORM

101 NORTH CHESTNUT STREET, PO BOX 570
 JEFFERSON CITY, MO 65101
 (573) 751-3334
<http://health.mo.gov/lab/index.php>

TEST REQUESTED (Refer to the laboratory website for analytes included in following section)

New Well	Lead	Other
Minerals, Nutrients, Metals (MNM)	EPA Metals	Nitrate

COLLECTOR / SAMPLE INFORMATION

DATE COLLECTED (YYYY/MM/DD)	COLLECTOR LAST NAME, FIRST NAME	COLLECTION FACILITY NAME		
COLLECTION LOCATION STREET ADDRESS		CITY	STATE	ZIP CODE

SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)

SUBMITTING FACILITY (LPHA, BEE, BEHS, ETC)	PROJECT NAME			
SUBMITTER LAST NAME, FIRST NAME		SUBMITTER TELEPHONE NUMBER/EXT		
SUBMITTING FACILITY ADDRESS		CITY	STATE	ZIP CODE

ADDITIONAL INFORMATION

COLLECTION LOCATION COUNTY	COLLECTION LOCATION GPS LATITUDE	COLLECTION LOCATION GPS LONGITUDE		
COLLECTION LOCATION OWNER LAST NAME, FIRST NAME		COLLECTION LOCATION OWNER TELEPHONE NUMBER		
LOCATION TYPE		SUPPLY TYPE		
School	Child Care	Residence	Private Well - Single Home	Private Well - Multi Home
		Non-Community Public		
Community Public				
CONSTRUCTION TYPE				
Drilled Well				
Driven Well				
Spring				
Bored/Dug Well				
Other				

PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION BELOW FOR EACH SAMPLE SUBMITTED

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SAMPLE DRAW 1st Draw/Immediate Flush Other _____		ACCESSION NUMBER	
SAMPLE DESCRIPTION (Collection point Ex: sink, outside hydrant, etc)			
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FACILITY / SAMPLE INFORMATION		
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