



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 MISSOURI STATE PUBLIC HEALTH LABORATORY  
**CHEMICAL WATER TESTING SINGLE 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	Accession Number Barcode (For LAB use only)
Minerals, Nutrients, Metals (MNM)	Nitrate		
EPA Metals			

**COLLECTOR / SAMPLE INFORMATION**

DATE COLLECTED (YYYY/MM/DD)	COLLECTOR LAST NAME, FIRST 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			
SAMPLE DRAW			
1st Draw/Immediate    Flush    Other			

SAMPLE DESCRIPTION (Collection point Ex: sink, outside hydrant, etc)

**SUBMITTER COMMENTS**

**LAB COMMENTS (FOR LAB USE ONLY)**