



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)	
<input type="checkbox"/> New Well <input type="checkbox"/> Lead <input type="checkbox"/> Other <input type="checkbox"/> Minerals, Nutrients, Metals (MNM) <input type="checkbox"/> Nitrate <input type="checkbox"/> EPA Metals	Accession Number Barcode (For LAB use only)

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 <input type="checkbox"/> School <input type="checkbox"/> Child Care <input type="checkbox"/> Residence	SUPPLY TYPE <input type="checkbox"/> Private Well - Single Home <input type="checkbox"/> Private Well - Multi Home <input type="checkbox"/> Non-Community Public <input type="checkbox"/> Community Public	
CONSTRUCTION TYPE <input type="checkbox"/> Drilled Well <input type="checkbox"/> Driven Well <input type="checkbox"/> Spring <input type="checkbox"/> Bored/Dug Well <input type="checkbox"/> Other		
SAMPLE DRAW <input type="checkbox"/> 1st Draw/Immediate <input type="checkbox"/> Flush <input type="checkbox"/> Other		

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

SUBMITTER COMMENTS

LAB COMMENTS (FOR LAB USE ONLY)