

LAB USE ONLY



SRC Analytical 102-422 Downey Rd, Saskatoon, SK S7N 4N1
Ph (306)933-6932, Fax (306)933-7922, Toll free 800-240-8808

SRC Group # _____
Client Code _____
Date received _____
Storage _____

of bottles _____
Preservatives _____
Size _____
In Subgroup # _____

Complete the following and include with samples – Send by Bus or Courier - PREPAID

Turnaround Time: Regular Rush (75% surcharge) Priority Rush (100% surcharge)

Type of Analysis:	<input type="checkbox"/> Chemical Health & Toxicity
	<input type="checkbox"/> Chemical Health & Toxicity with cyanide & mercury
	<input type="checkbox"/> General Chemical
	<input type="checkbox"/> Total Coliform Bacteria and ecoli
	<input type="checkbox"/> Fluoride
	<input type="checkbox"/> Trihalomethanes
	<input type="checkbox"/> HAA
	<input type="checkbox"/> Lagoon Package (<input type="checkbox"/> group 1) (<input type="checkbox"/> group 2) (<input type="checkbox"/> group 3) (<input type="checkbox"/> group 4)
	<input type="checkbox"/> Other _____

Results of analysis to:

Community/client name: _____
Address: _____
City: _____ Postal code: _____
Contact person: _____
Phone number: _____ Fax #: _____
Email: _____

Invoice to: same as above, or

PO #: _____

Community/client name: _____
Address: _____
City: _____ Postal code: _____
Contact person: _____
Phone number: _____ Fax #: _____

Date and Time Sample Taken: _____

Sample Description: _____

Reason for Analysis: Routine Repeat Special Other
Type of Sample: Licensed Waterworks– Drinking Water Licensed Sewage Discharge

Client measured values:
Free Chlorine _____
Turbidity _____
Total Chlorine _____
pH _____
Temp _____

MOE Station Number Barcode:

Relinquished by: _____ **Signature:** _____

Date/Time : _____