



1180 Drop Off Drive • Suite 101 • Summerville, SC 29483  
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# TESTING REQUEST FORM

SHADED AREAS ARE FOR AqA USE ONLY

Name:		Subcontracted?	Preservation Codes	C of C #	
Address:				_____	
Phone #:				Preservation Codes:	
Email:				H = HCl	T = Thiosulfate
Turnaround Time Requested (please check):				S = H <sub>2</sub> SO <sub>4</sub>	C = on ice
Standard <input type="checkbox"/> Rush <input type="checkbox"/>		B = NaOH	X = none		
		N = HNO <sub>3</sub>	O = Other		

Sample Identification	Collected On:		REQUESTED TESTS	Subcontracted?	Preservation Codes	LIMS ID
	Date	Time				

**Sample Conditions (AqA Use Only)**

Number of containers = number stated above?	Y / N
All containers intact?	Y / N
Tests within holding times?	Y / N
On ice?	Y / N
Temperature upon receipt _____ °C	
Preserved samples pH correct?	Y / N
Preservative added after receipt?	Y / N

I understand that the results of tests requested on this form are not to be used for **regulatory reporting** purposes (NPDES, Safe Drinking Water Act, VA Loan Applications, HUD Loans).

\_\_\_\_\_  
 Printed Name                      Signature                      Date

Received for AqA by:	Date	Time	Logged into LIMS by:	Date	Time
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**THIS FORM IS TO BE USED FOR NON-REGULATORY SAMPLES ONLY. FOR REGULATORY SAMPLES, USE THE LONG AqA CHAIN OF CUSTODY FORM.**