

Microbiological Analysis Sample Submission Form



Tel: 219-226-0001

Fax: 219-226-2050

Email: sampleadmin@donlevylab.com

Date Sent:

P. O. #

FOR LAB USE ONLY

Date Received:

Temp. Received at Lab:

11165 Delaware Parkway
Crown Point, IN 46307

DonLevy Laboratories offers sample pick up service to the Chicagoland area daily. To schedule a same day sample pick up, please contact the laboratory before 8:00 a.m.

Client Name:	Client Account Code:		Invoice to:
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Address:

Send Reports to:	<input type="checkbox"/> Change of information Account update required	List e-mail address(es) of all C of A recipients:
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Samples submitted by:

Telephone No:	Fax No.
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Sample #	Date Collected <small>(Required for Testing)</small>	Time Collected <small>(Required for Testing)</small>	Water Potability Sample Description	Please Indicate Specification			
				<	<	<	<
				HPC	SMEWW Coliform	SMEWW E. coli	OTHER
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/INSTRUCTIONS:

Certificate of Potability
Please Note: Date and Time of collection must be included in order to proceed with testing.