



## Water Microbiology Analysis Request Form (COC)

Company:				Client No.:		Date:				
Street:				City:		State:		Zip:		
Contact:			Phone:		Fax:		Email:			
Site:						PO / Job#:				
Comments:										
Turnaround Time:			DUE DATE:			DUE TIME:			Report Via: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Verbal	
Sample ID	Sample Date / Time	Sample Location & Water System	Volume Collected (mL)	Water Type (Drinking, Waste, Recreational, Surface, Process, etc)	Analysis Requested	For Lab Use Only				
						Hold Time Met? Y/N DW=30hr S/RW=8hr WW=6hr	Water Temp. Upon Receipt			
Sampled By:				Date:				Time:		
Shipped Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> DHL <input type="checkbox"/> Airborne <input type="checkbox"/> UPS <input type="checkbox"/> US Mail <input type="checkbox"/> Courier <input type="checkbox"/> Drop Off <input type="checkbox"/> Other:										
Relinquished By:			Relinquished By:			Relinquished By:				
Date / Time:			Date / Time:			Date / Time:				
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Received By:			Received By:			Received By:				
Date / Time:			Date / Time:			Date / Time:				
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SGS Built Environment may subcontract client samples to other SGS locations to meet client requests.

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