



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
CHEMICAL WATER TESTING MULTIPLE 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)

New Well (Fe, Mn, Pb, Cl, F, NO ₃ , SO ₄)	All Metals	Lead	Other _____
Full Panel (All Metals, Cl, F, NO ₃ , SO ₄)		Nitrate	

COLLECTOR / SAMPLE INFORMATION

DATE COLLECTED (YYYY/MM/DD)	COLLECTOR LAST NAME, FIRST NAME	COLLECTION FACILITY 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 Residence Child Care School Other _____	SUPPLY TYPE Private Well - Single Home Private Well - Multi Home Non-Community Public Community Public	CONSTRUCTION TYPE Drilled Well Driven Well Spring Bored/Dug Well Other _____
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LEAD RISK ASSESSMENT Samples are part of an EBL Lead Risk Assessment	OB/INV ID
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PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION BELOW FOR EACH SAMPLE SUBMITTED	FOR LABORATORY USE ONLY
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SAMPLE DRAW 1st Draw/Immediate Flush Other _____ LOC DESC SAMPLE TYPE	ACCESSION NUMBER
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FACILITY / SAMPLE INFORMATION		
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