



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
CHEMICAL WATER TESTING SINGLE 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)	Lead	Other	Accession Number Barcode (For LAB use only)
Full Panel (All Metals, Cl, F, NO ₃ , SO ₄)	Nitrate	_____	
All Metals			

COLLECTOR / SAMPLE INFORMATION

DATE COLLECTED (YYYY/MM/DD)	COLLECTOR LAST NAME, FIRST 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	SUPPLY TYPE	CONSTRUCTION TYPE	SAMPLE DRAW
Residence	Private Well - Single Home	Drilled Well	1st Draw/Immediate
Child Care	Private Well - Multi Home	Driven Well	Flush
School	Non-Community Public	Spring	Other _____
Other _____	Community Public	Bored/Dug Well	
		Other _____	

LEAD RISK ASSESSMENT	OB/INV ID
Sample is part of Lead Risk Assessment	

SAMPLE DESCRIPTION (Collection point Ex: sink, outside hydrant, etc)

SUBMITTER COMMENTS

LAB COMMENTS (FOR LAB USE ONLY)

