



COC-PUB-F Chain of Custody Public Test Request

824 - 18th, #3, Street, Brandon, MB R7B 5A7

Revision Level: Release Date: 10/09/2022

T: 204-727-3524

BY COMPLETING THIS FORM, YOU CONFIRM THAT YOU AGREE TO OUR TERMS AND CONDITIONS THAT ARE STATED ON THE WEBSITE: www.cbioresearch.com ALL BLUE SECTIONS TO BE COMPLETED

--- FOR LABORATORY USE ONLY ---

Temperature (°C):		NC	C
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NAME OF DWO	
ODW CODE	
FEATURE ID	
SYSTEM LICENSE NAME	
COLLECTION DATE. YYYY/MM/DD	

SAMPLING PT ID	SAMPLE ID * TYPE OF WATER	TIME SAMPLED HH:MM AM/PM	FREE CHLORINE/ MONPCHLORAMINE	TOTAL CHLORINE	CHLORINE DIOXIDE	FREE AMMONIA	TURBIDITY	LAB USE FOR SAMPLE #
	1-RAW							
	2-TREAT							
	3-DIST							
	4-							

NOTE: Client/Customer water system information. BOIL WATER ADVISORY YES NO RESAMPLE YES NO

System Name		Account #		Date	
System Address				USE	yyyy-mm-dd



Laboratory Management System - Testing

Email			Phone		
Method of Payment <i>(check all that apply)</i>	Check	Credit Card on file		Phoned in Credit Card	
Service Required	REGULAR	PRIORITY (50% surcharge)		EMERGENCY (100% surcharge)	

WATER SYSTEM FIRST EMERGENCY CONTACT #1

NAME		
email:		

WATER SYSTEM SECOND EMERGENCY CONTACT #2

NAME		
email:		

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Sample Condition upon Receipt INDICATE WITH "X"	ACCEPTABLE			
	NON-ACCEPTABLE	FROZEN	COLD	BROKEN
LEAKAGE		INCORRECT SAMPLE CONTAINER		
Date Received YYYY-MM-DD			Time Received HH:MM FORMAT	
Received By				
Date YYYY-MM-DD		Tested?	YES	NO
Approved By:				

lab notes: