



Great Plains Analytical Laboratory

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TEST REQUEST FORM FOR WATER SAMPLES

Contact:
Company:
Address:

Pho:
Fax:
e-mail:

Check box if this is new contact info.
Reports will be emailed unless otherwise notified.

Please email receiving@gpalab.com for supplies needed (micro bottles or acid-preserved bottles for metals, plain shippers for other tests, etc.).

Customer Sample ID:

Date: ___/___/___ Time: ___:___ am/pm
Date: ___/___/___ Time: ___:___ am/pm
Date: ___/___/___ Time: ___:___ am/pm
Date: ___/___/___ Time: ___:___ am/pm
Date: ___/___/___ Time: ___:___ am/pm
(mo) (day) (yr) (circle one)

Sample Type: (Please mark one) Routine ___ Repeat ___
Routine - Standard, semi-annual samples.
Repeat - Repeat sample due to analysis results out of spec for a sample previously submitted. All samples with results too numerous to count (TNTC) or confluent with coliform are invalid and must be replaced with a single sample from the same location within 24 hours of being notified.

Table with 3 columns: Heterotrophic Plate Count, Coliforms, E.coli, Staphylococcus (Coag Pos), Salmonella (spp.), Mold, Yeast, pH, Turbidity, Color, Odor; Total Suspended Solids, Alkalinity, Total, Chlorine, Total Free, Chloride, Nitrogen-Nitrate, Nitrogen-Nitrite, Sulfate, Sodium, Iron, Manganese, Arsenic; Copper, Lead, Mercury, Selenium; Others:

Comments/Additional Information:

This form can be printed from our website (www.gpalab.com) by selecting Test Request Form-Water.