

Pool Testing Request Form

Please PRINT in INK using CAPITAL letters.

Lab Use Only: Recv'd Date /Time Stamp	Initials	Specimen Condition	Specimen Number
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Test Requested	
<input checked="" type="checkbox"/> Pool Analysis (includes bacteriological test)	Specimens MUST be received by 11:00 am and within 6 hours of collection (\$15.00)
* Price was correct at time of printing. Client will be responsible for paying current price. Call 269-373-5360, state county of residence and ask for current pricing.	

Submitter/Client Information				
Submitter/Client Name			Phone Number	
Mailing Address (Street)			Fax Number	
City	State	Zip Code	Township	
Contact Person	E-Mail Address		County	

Billing Information (pre-arranged customers)			<input type="checkbox"/> Same As Submitting Agency (above)	
Billing Name			Phone Number	
Mailing Address (Street)				
City	State	Zip Code		

Sample Site Information			<input type="checkbox"/> Same as Submitting Agency/Owner listed above	
Site/Pool/System/Owner Name			County	
Pool Address (Street)			Township	
City	State	Zip		

*******Required information in next section*******

Sample Source	Sample Point of Origin	Sample Purpose	Collector
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa	<input type="checkbox"/> Pool _____(specific location*) <input type="checkbox"/> Spa/Whirlpool _____(specific location*) <input type="checkbox"/> Other _____(specific location*) <small>*specific location = Men's, Women's, Therapy, etc</small>	<input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Repeat Sample <input type="checkbox"/> Repair/Construction/New <input type="checkbox"/> Water Quality Problem <input type="checkbox"/> Other	<input type="checkbox"/> Pool Operator <input type="checkbox"/> Other Collected By: _____

Collection Information	Misc. Information	Disinfectant
Collection Date: Collection Time: AM / PM	Pool Serial # _____ # of Swimmers/bathers _____ pH: _____	<input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> N/A

