



Phone: 413-525-2332
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Company Name:

Address:

Phone:

Project Name:

Project Location:

Project Number:

Project Manager:

Con-Test Quote Name/Number:

Invoice Recipient:

Sampled By:

Requested Turnaround Time
 7-Day 10-Day
 Due Date: _____

Rush-Approval Required
 1-Day 3-Day
 2-Day 4-Day

Data Delivery
 Format: PDF EXCEL
 Other: _____
 CLP Like Data Pkg Required:
 Email To: _____
 Fax To #: _____

Con-Test Work Order#	Client Sample ID / Description	Beginning Date/Time	Ending Date/Time	Composite	Grab	¹ Matrix Code	Conc Code	ANALYSIS REQUESTED										# of Containers					

Dissolved Metals Samples
 Field Filtered
 Lab to Filter

Orthophosphate Samples
 Field Filtered
 Lab to Filter

¹ Matrix Codes:
 GW = Ground Water
 WW = Waste Water
 DW = Drinking Water
 A = Air
 S = Soil
 SL = Sludge
 SOL = Solid
 O = Other (please define)

² Preservation Codes:
 I = Iced
 H = HCL
 M = Methanol
 N = Nitric Acid
 S = Sulfuric Acid
 B = Sodium Bisulfate
 X = Sodium Hydroxide
 T = Sodium Thiosulfate
 O = Other (please define)

³ Container Codes:
 A = Amber Glass
 G = Glass
 P = Plastic
 ST = Sterile
 V = Vial
 S = Summa Canister
 T = Tedlar Bag
 O = Other (please define)

Comments:

Please use the following codes to indicate possible sample concentration within the Conc Code column above:
 H - High; M - Medium; L - Low; C - Clean; U - Unknown

Relinquished by: (signature) Date/Time:

Received by: (signature) Date/Time:

Relinquished by: (signature) Date/Time:

Received by: (signature) Date/Time:


Relinquished by: (signature) Date/Time:

Received by: (signature) Date/Time:

Detection Limit Requirements
 MA CT Other: _____

Special Requirements
 MA MCP Required
 MCP Certification Form Required
 CT RCP Required
 RCP Certification Form Required
 MA State DW Required
 PWSID # _____

Project Entity
 Government Municipality MWRA WRTA
 Federal 21 J School MBTA
 City Brownfield



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PCB ONLY
 Soxhlet
 Non Soxhlet