



CHAIN OF CUSTODY

WATER TESTING

Criterion Project #
(Laboratory use only)

Customer Information		Billing Information		Turn Around Time*
Company Name:		Company Name: <input type="checkbox"/> Same as customer info		
Contact Name:		Contact Name:		
Street Address:		Street Address:		
City, State, ZIP:		City, State, ZIP:		
Country:		Country:		
Phone:	Email(s) for Report:	Phone:	Email(s) for Invoice:	
Project Information				
Street Address:		City, State, ZIP:		
Contract Information				
Criterion Proposal # (if applicable):		P.O. Number associated with Project (if applicable):		

*For same-day turnaround, samples must be received by 12 PM. Samples dropped off before 9 AM will incur the 6-hour rate. Samples dropped off between 9 AM and 12 PM will incur the 3-hour rate. Certain analyses may not be eligible for all turnaround times.

Water Testing			
<input type="checkbox"/> Full Metals (Pb, Cu, As, Ba, Be, Cd, Cr, Se, Ag, Mn, & Fe) EPA Method 200.5	<input type="checkbox"/> Volatile Organic Compounds (VOCs) EPA Method 524.4	<input type="checkbox"/> Heterotrophic Plate Count (HPC) EPA SM9215B	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Individual Metals (circle one or more) (Pb, Cu, As, Ba, Be, Cd, Cr, Se, Ag, Mn, & Fe) EPA Method 200.5	<input type="checkbox"/> PFAS EPA Method 533	<input type="checkbox"/> Coliform/E.coli (Colilert) (Presence/Absence) EPA SM9223	
<input type="checkbox"/> Lithium (Li) EPA Method 200.7	<input type="checkbox"/> PFAS EPA Method 537	<input type="checkbox"/> Total Coliform (Membrane Filtration) EPA SM9222B + 9222G (NA+Mug)	
<input type="checkbox"/> Inorganic Anions EPA Method 300.1	<input type="checkbox"/> Pesticides EPA Method 505	<input type="checkbox"/> Legionella Enumeration and Detection including Serotyping with Membrane Filtration (11731)	

<input type="checkbox"/> Check if this submission is for compliance analysis (Please note that not all analyses are eligible for compliance analysis)		Printed Name of Sampler:	
Relinquished by:	Date / Time Relinquished:	Received by: (Laboratory Use Only)	Date / Time Received:
Special Instructions/Comments:			



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Sample #	Sample Description	Sample Location	For Legionella Samples Only					Sample	
			Outlet Type (Faucet, Shower, etc.)	Hot/Cold	Temp (°F)	Biocide (mg/L)	pH	Date	Time

☐ Check if this submission is for compliance analysis (Please note that not all analyses are eligible for compliance analysis)

Printed Name of Sampler:

Relinquished by:

Date / Time Relinquished:

Received by:
(Laboratory Use Only)

Date / Time Received:

Special Instructions/Comments: