

# Endyne, Inc. - Plattsburgh Lab

LAB USE ONLY

Due Date:

315 New York Road  
Plattsburgh, NY 12903  
Phone (518)563-1720

Fax (518)563-0052  
info@endynelabs.com  
ELAP #11892

<b>Client:</b>		<b>Account #:</b>	<b>SAMPLE SUPPLY INFORMATION</b>		
<b>Email Address:</b>		Sample Source: Well, Spring, Surface, Waste, Other			
<b>Contact Person:</b>		<b>Project Name</b>	<b>PWS #</b>	<b>SPDES#</b>	
<b>Phone:</b>		Collection Address:			
<b>Mailing Address:</b>		Quote #			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>PO #</b>	<b>City:</b>	<b>State:</b> <b>Zip:</b>

Fax: \_\_\_\_\_ Fax or MAIL (+ \$3 ea)      Page 1 of \_\_\_\_\_      **Collector's Name:** \_\_\_\_\_

<b>SAMPLE MATRIX CODES</b>		Compliance? Y / N Mtg / Daycare / Other <b>Check / Repeat</b> BWO Samples?	Chlorine Residual by Client at Collection	S a m p l e  M a t r i x	Grab or Composite	Bottle Type / Vol	P r e s e r v a t i o n	<b>Analysis Requested:</b>												<b>Lab Use Only</b>	<b>Sample #</b>
DW=drinking water	SW=Surface Water																				
WW=waste water	SD=solid																				
MW=monitoring well	SO=soil																				
HW=hazardous waste	SL=sludge																				
<b>TURNAROUND TIME REQUESTED</b>																					
Standard																					
RUSH (Charges Apply)																					
Lab Manager RUSH Approval:																					
Sample ID / Collection Site	Date/Time																				

Client Instructions/Comments/Special Requirements: \_\_\_\_\_

\_\_\_\_\_

Samples that the Endyne, Inc Labs are not ELAP accredited for will be subcontracted to a NYS accredited lab. Initials

SAMPLE RECEIPT (Lab Use Only)			Date	Time	Sample Relinquished By (SIGN HERE)	Samples Received By
On Ice	Y N N/A					
Temperature	C					
Seal Intact	Y N N/A					
# of Containers						

Lab Notes:

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