



CHAIN OF CUSTODY

LEAP Testing Service

LTS/WO# _____

Contact (Report will be sent to)

Name: _____ Email: _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional emails to receive report: _____

Reports will be sent electronically (e.g., Email)

Hard Copy Report (\$5 Charge)

Sample Information

Sample Date:	Sample Time: AM /PM	Sampled By:
Sample Location (Site Name/Address):		
Sampling Point (e.g., Kitchen Sink, Lot #):	Free Chlorine:	
Is this sample drinking water? y / n	mg/L	

Analyses Requested (Please Check)

Individual Tests

**Bacteria (Total Coliform/E.coli) Presence/Absence _____ or Most Probable Number _____
***HPC _____ Nitrate / Nitrite _____ pH _____ Total Hardness _____

Metals (please list): _____

Other (please indicate): _____

Test Packages

D01 Basic (FHA/VA) _____ D02 Homeowner's _____ D03 Comprehensive _____

**Bacteria for Test Packages- Choose one: Presence/Absence ___ or Most Probable Number ___

****Bacteria samples are accepted Monday-Thursday. If Friday drop off is arranged with the lab, a weekend charge will apply.**

*****HPC samples are accepted Monday-Wednesday. If Thursday or Friday drop off is arranged, a weekend charge will apply.**

Samples must be dropped off the same day you sample in order for analysis to be performed within required hold time.

LEAP Testing Service (LTS) may be unable to perform a portion of the requested testing and will subcontract the analysis to another accredited laboratory. By signing this document, you are attesting that you have been informed by LTS of the intent to subcontract and are in agreement with this action.

Signature: _____ **Date & Time:** _____ AM/PM

*******FOR LABORATORY USE ONLY*******

Bottles Received: Bacti _____ 125mL _____ 250mL _____ 500mL _____ 1000mL _____ Other: _____

Received by: _____ Received Date & Time: _____

On Ice & Temp.: Y / N _____ °C Credit Card / Check / Cash _____ \$ _____