

(Lab Use Only)
NYS Accession Number: _____ **Date/Time Received:** _____
 _____ (mm/dd/yyyy) _____ (military time)
 Received by (initials): _____ Chain of Custody Form with Sample

Form instructions provided on page 2

Health Emergency
 *Submitted by: _____ *Phone: (_____) _____ - _____ x _____
 Email: _____ Submitter's Sample Reference Number _____

***Requested By (Select one DOH Unit AND enter Program, or select state agency, division program or other purpose for request.)**

Primary oversight DOH Unit <input type="checkbox"/> Bureau of Water Supply Protection (BWSP) <input type="checkbox"/> Bureau of Community Env. Health & Food Protection(BCEHFP) <input type="checkbox"/> Bureau of Occupational Health (BOH) <input type="checkbox"/> Bureau of Toxic Substance Assessment (BTSA) <input type="checkbox"/> Bureau of Environmental Exposure Investigation (BEEI) <input type="checkbox"/> Bureau of Environmental Radiation Protection (BERP) *Program: _____ (enter program and check primary oversight bureau as listed on page 2)	Other State Agency <input type="checkbox"/> MMP-STs <input type="checkbox"/> DEC <input type="checkbox"/> OPRHP Wadsworth <input type="checkbox"/> Environmental <input type="checkbox"/> Quality Control <input type="checkbox"/> Other: _____	Special Projects Project ID: _____ Researcher: _____ Other: _____
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Attn: _____ cc: _____

Location of Sampling Point (Provide required and optional sampling point details.)

*County: _____ *City: _____ (or) *Town: _____
 *ID Number/Name: _____ NYS Cert #: _____
 * Water System ID Source ID Spill ID NYS Superfund Other (Bottled Water)
 Secondary ID Number/Name: _____ Production/Lot #: _____
 Additional ID Number/Name: _____
 *Sampling Location Details: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Sample Information (Provide required and optional sample collection information.)

*Sample Type: _____ *Chlorinated: Yes No
 (* Indicate status for all water sample types)
 *Grab / Composite Finish: _____ / _____ : _____ (air volume/flow rate)
 (mm/dd/yyyy) (military time)
 Composite Start: _____ / _____ : _____ (air volume/flow rate)
 (mm/dd/yyyy) (military time)
 Other Treatment: _____
 Collected By (If different than submitted by): _____ **Field Measurements**
 Sample Temperature: _____ °C
 Additional Information Regarding Sample: _____ Free Chlorine Resid.: _____ mg/L
 Total Chlorine Resid.: _____ mg/L

Complaints, Observations, Reasons for Submission (Check any that apply.)

Routine Surveillance Compliance Monitoring Emergency Response New Equipment or Procedure
 Illness Color Consumer Complaint Equipment Failure
 Turbidity Taste or Odor Interruption in Chlorination NYS Outbreak Number: _____
 Other: _____

***Analysis Requested (Select type of analysis requested.)**

Sanitary Bacteriology <input type="checkbox"/> Drinking Water <input type="checkbox"/> Bottled Water <input type="checkbox"/> Nonpotable Water <input type="checkbox"/> Waste Water Microscopic Analysis <input type="checkbox"/> Routine Analysis <input type="checkbox"/> MPA <input type="checkbox"/> Phytoplankton <input type="checkbox"/> Algae	Organic Chemistry <input type="checkbox"/> Chlorinated Pesticides <input type="checkbox"/> Nitrogen/Phosphorus Pesticides <input type="checkbox"/> Herbicides <input type="checkbox"/> PCBs <input type="checkbox"/> Volatiles w/Ketones <input type="checkbox"/> Petroleum Fuels <input type="checkbox"/> Semi-Volatiles <input type="checkbox"/> THMs <input type="checkbox"/> Haloacetic Acids	Inorganic Chemistry <input type="checkbox"/> Primary IOC <input type="checkbox"/> Secondary Parameters <input type="checkbox"/> Langelier Index (Sample temp. required) <input type="checkbox"/> Nitrate <input type="checkbox"/> Lead <input type="checkbox"/> Fluoride <input type="checkbox"/> Trace Metals Scan <input type="checkbox"/> Trace Metals (Specify below) <input type="checkbox"/> Asbestos/Fibers Analysis	Nuclear Chemistry <input type="checkbox"/> Routine Surveillance <input type="checkbox"/> Unscheduled Air Analysis <input type="checkbox"/> Petroleum H/C Canister <input type="checkbox"/> Halogenated H/C Canister <input type="checkbox"/> PERC Badge <input type="checkbox"/> Cartridge (Specify below) Medical Marijuana <input type="checkbox"/> Potency / Contamination
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Additional Details or Other Analysis Request: _____

Form Instructions

Carefully read the following instructions. Using black or blue ink, complete the form in a clear and legible manner in the space provided. If additional space or information is necessary, submit additional pages with this form.

Header Section: Mark box only if samples are being submitted in response to a Health Emergency.

*Enter the Submitter Name and Phone Number, E-mail address is optional. Use Submitter's Sample Reference Number field to record submitter's sample tracking number, if applicable.

Requested By Section:

*Check the DOH Unit requesting analysis and enter the Program name in the space provided (the primary oversight Bureau is shown in parenthesis), OR select a State Agency, Wadsworth program, Special Project or Other. If Other, provide a detailed description.

Public Water Systems (BWSP)	Recreational Water (BCEHFP)	Environmental Exposure Investigation (BEEI)
Individual Water Systems (BWSP)	Regulated Non-Public Water Systems (BCEHFP)	State Superfund (BEEI)
Bottled Water (BWSP)	Childhood Lead Poisoning Investigation (BCEHFP)	State Radiation Services (BERP)
Fluoridation Level Monitoring (BWSP)	Primary Prevention Lead (BCEHFP)	Compliance Samples Radiation (BERP)
Occupational Health (BOH)	Indoor Air (BTSA)	

Attn: Name(s) will appear on the result report. CC: To be used for additional distribution of result report.

Location of Sampling Point:

*Enter the County and City or Town of record for System / Facility / Site being sampled.

*Enter Primary ID Number and Full Name. *Check ID category Water System ID, Source ID, Spill ID, Manufacturer name, or Other if none of the above apply. Enter additional ID Numbers and Names for Facility and Sampling Point Identification, if needed.

*Provide Sampling Location Details. Include sufficient information to describe exact sampling site for future reference or re-sampling.

Enter Street Address, City, State and Zip Code where sample was obtained (may be different than City or Town recorded above).

Sample Information:

*Enter Sample Type (Choose from list below. If not listed, provide a detailed description of the Sample Type in the space provided on front of form.)

Drinking Water	Nonpotable Water	Air Emissions	Soil/Solids	Human	Non-Human	Consumer Products
Finished Water	Storm Water	Indoor	Surface	Blood	Blood	Food
Partially Treated	Surface Water	Outdoor	Subsurface	Urine	Urine	Beverage
Raw Water	Rec. Water-Treated	Soil Gas	Sediment	Hair	Hair	Vegetable
Well Water	Rec. Water-Untreated	Dust	Sludge	Milk	Milk	Dairy
Spring Water		Fallout	Paint Chips	Breath	Thyroid	Meat
Bottled Water	Waste Water	Bag/Can/Bottle-Vac	Friable Bulk	Thyroid	Vegetation	Poultry
	Ind. Waste Water	Particulates	Non-Friable Bulk	Plasma	Insect	Fish
Swabs/Wipes	Sewage	Charcoal Canister		Serum		Medicinal Product
Dry Wipe	Leachate					Commercial Product
Wet Wipe						

*For all Water Sample Types check Yes or No if the water has been chlorinated. Record any field measurement of Free and Total Chlorine Residuals. If Other or additional treatment was performed enter this information.

*Enter Sample Grab date and time. If sample is composited, enter Start and Finish dates and times. If required, provide air volume/flow rate readings. If sample collection is performed by someone different than the Submitter, enter name. Enter field measurement information, as required.

Provide additional sampling information in the space provided.

Complaints, Observations, Reasons for Submission:

Check any that apply. Provide additional information as needed.

***Analysis Requested:**

Select Analysis types requested on Sample. If the desired analysis is not listed, provide a detailed request in the space provided.

Shipping/Mailing Information:

Include: "Attention To" Laboratory on address label. Shipments to the Inorganic and Organic Laboratories may be consolidated. All other laboratories require separate shipping.

Courier Shipping Address

Wadsworth Center, NYS Dept. of Health
 Div. of Environmental Health Sciences
 P1 South Dock J
 Empire State Plaza
 Albany, NY 12237

US Mail Address

Wadsworth Center, NYS Dept. of Health
 Div. of Environmental Health Sciences
 Empire State Plaza
 P.O. Box 509
 Albany, NY 12201-0509

Attention To (Specify on Label)

Inorganic Laboratory
 Organic Laboratory
 Environmental Biology Laboratory
 Nuclear Chemistry Laboratory
 Medical Marijuana Laboratory
 Bio-Organic Analytical Chemistry Laboratory
 Environmental Lead Laboratory
 Asbestos Laboratory

Laboratory Receiving Information (Lab Use Only)		Preservatives Added	In Field	In Laboratory
Rec'd Temp/Status:		HCl		
Turbidity:		HNO ₃		
Residual Cl ₂ :		H ₂ SO ₄		
pH:		NaOH		
Received Condition:		Thiosulfate		
Notes:		Sodium Bisulfite		
		Ascorbic Acid		
		Other:		