



The Lab cannot accept Bacteria samples after 12:00pm
on Fridays or the day before a holiday

State of New Hampshire
Department of Health and Human Services
Public Health Laboratories
29 Hazen Drive
Concord, NH 03301
Tel: (603) 271-3445 Fax: (603) 271-2997
Business Hours: Monday-Friday 8 am - 4 pm

Lab Use Only	
Sample Temp _____	CK # _____
Cooler Yes / No _____	Rec'd by _____
Ice/Cold Pack Yes / No _____	Date _____
Rec Codes _____	Time _____

Workorder ID: _____

Report to:

(Please print clearly)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Sample Collection:

(check one)

Date: ____/____/____ Time: ____:____ ☐ AM ☐ PM

Collected by: _____

Sample source: ☐ Well ☐ Public water system
☐ Surface water ☐ Other _____

Source Location: ☐ (Check if same as Report to:)

Well information:

☐ Dug ☐ Drilled ☐ Spring ☐ Pounded ☐ Point ☐ Unknown ☐ Other _____

Has the well been disinfected recently? Yes / No _____ If Yes, check for chlorine in lab Date _____
Chlorine present? Yes / No Init _____

Is the well being treated for any of the following? Yes / No _____

(If yes, please check all that apply)

☐ Radon ☐ Hardness ☐ Iron/Manganese ☐ Arsenic ☐ Other _____

Sample taken ☐ Before ☐ After treatment

Please Check Test Choice

* These tests are included in the Standard

- | | |
|---|-------|
| <input type="checkbox"/> Standard | \$ 85 |
| <input type="checkbox"/> Radionuclides includes Alpha/Radon | 80 |
| <input type="checkbox"/> Radon | 20 |
| <input type="checkbox"/> Volatile organic chemicals | 120 |
| <input type="checkbox"/> Drinking Water Bacteria * | 15 |
| <input type="checkbox"/> Basic Analysis * | 30 |
| <input type="checkbox"/> E. coli/Swim Surface Water | 20 |
| <input type="checkbox"/> Arsenic * | 15 |
| <input type="checkbox"/> Fluoride * | 12 |
| <input type="checkbox"/> Other _____ | _____ |

Total enclosed \$ _____

Attention: Important Shipping Information for Bacteria Samples

Be sure to ask when your package will arrive at the Lab.
Your sample *must* be tested within
30 hours of collection.

Additional comments

Make check payable to: Treasurer State of New Hampshire