DRINKING/DIALYSIS WATER MONITORING CHAIN OF CUSTODY

□ Client Copy
□ Copy for the Lab

Client Accession / Sample Code:

STEP 1. CLIENT INFORMATION, COMPLETED BY COLLECTOR OR CLIENT REPRESENTATIVE

Client/Facility/Source/Dialysis Center:	Tel No./ Fax:
Complete Address:	Mobile No.
Report shall be addressed to / Person of Authority (Name and Designation):	Email add:

Multiple Sampling Points

Date and Time Collected	Source □ Local waterworks □ Shallow well □ River □ Lake □ Developed spring □ Undeveloped spring □ Rain water □ Others, specify:	Classification/Purpose □ Level I □ Level II □ Level III □ Food Establichment □ Buildings □ Ice Plants □ Dialysis, raw water product water or point of use □ Hospital □ Others, specify:	Water Treated □ Yes, specify: □ No	Address of Sampling Point □ Product/Point of use □ Faucet □ Pump □ Flowing Pump □ Fire Hydrant □ Tank □ River □ Others, specify:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Type of Ownership: □ Private □ Public □ Individual □ LGU □ Corporation □ Cooperative □ Others

Space intended for laboratory use

STEP 2. COMPLETED BY COLLECTOR

Sample Collected by (Printed Name and Signature):

Date and Time: Total number of containers:

STEP 3. COLLECTOR AFFIXES LABEL(S) / SEAL(S) TO BOTTLE(S)

STEP 4. REQUEST – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Analysis Requested:

Bacteriological / Microbiological: □ Thermo tolerant coliform, Total / Fecal Coliform, E. coli □ Chromogenic Substrate □ Heterotrophic Plate Count (HPC)

Physical / Chemical:
□ Arsenic (As) □ Lead (Pb) □ Color (Apparent) □ Disinfectant Residual □ pH
□ Cadmium (Cd) □ Nitrate (NO3-) □ Turbidity □ Total Dissolved Solids □ Others

STEP 5. CHAIN OF CUSTODY – COMPLETED BY LABORATORY

Name of Laboratory:	**LEADSERV ANALYTICAL LABORATORY**		
Complete Address:	**Lucena Diversion Rd, Maharlika Highway, Brgy Mayowe, City of Tayabas**		
Contact Person:	**Leonardo S. Cadiente II**	Contact:	**(042) 713 1043 / 0919 084 7109**
*Sample Submitted by (Printed Name and Signature):		Samples Received by:	
		Lab Accession / Sample Code(s):	
Date and Time:			
Trans. # and OR #:		Amount:	
Reviewed by:		Remarks:	

*Only when a person other than the collector submits sample(s)

lsal-wmcoc-f1, 2020-0110

LEADSERV ANALYTICAL LABORATORY