

Erie County Health Department Regional Response Water Laboratory

420 Superior St. Sandusky, OH 44870 -- (419) 626-5623 ext.5173

Microcystins Chain of Custody Form

CONTACT INFORMATION

Municipal Name:	_____
Address:	_____
County:	_____
STU ID#:	_____
PWS ID#:	_____
Contact Person:	_____
Contact Phone:	_____

Lab Use Only

SAMPLE INFORMATION

Sample Location:	_____	Sample #	_____
Sample Date:	_____	Date Analyzed	_____
Sample Time:	_____	Analyst	_____
Sample Collected by:	_____	Chlorine	_____
Collector Phone #:	_____	PH	_____
Sample Type	Routine Repeat Special _____ Repeat Sample #	Result	_____

Sample Location:	_____	Sample #	_____
Sample Date:	_____	Date Analyzed	_____
Sample Time:	_____	Analyst	_____
Sample Collected by:	_____	Chlorine	_____
Collector Phone #:	_____	PH	_____
Sample Type	Routine Repeat Special _____ Repeat Sample #	Result	_____

Sample Location:	_____	Sample #	_____
Sample Date:	_____	Date Analyzed	_____
Sample Time:	_____	Analyst	_____
Sample Collected by:	_____	Chlorine	_____
Collector Phone #:	_____	PH	_____
Sample Type	Routine Repeat Special _____ Repeat Sample #	Result	_____

Relinquished By:	Date: _____	Received By:	Date: _____
	Time: _____		Time: _____
Relinquished By:	Date: _____	Received By:	Date: _____
	Time: _____		Time: _____
Relinquished By:	Date: _____	Received By:	Date: _____
	Time: _____		Time: _____
Relinquished By:	Date: _____	Received For Lab By:	Date: _____
	Time: _____		Time: _____