

Sample Information		ABE Laboratories LLC	
Homeowner: _____ Sampled by: _____		7596-B BETH-BATH PIKE, RT. 512 BATH, PA 18014 ABE-LABS.com 610-837-7721	
Sample Site Address: _____		Report Preference (Check one):	
City: _____ State: _____ Zip: _____		<input type="checkbox"/> Email: (e-mail address) <input type="checkbox"/> On File	
Phone Number: _____		<input type="checkbox"/> Mail	
Water Source (Check One) <input type="checkbox"/> Well / <input type="checkbox"/> Public / <input type="checkbox"/> Other:			
Collection Pt: <input type="checkbox"/> Kitchen/ <input type="checkbox"/> Bathroom / <input type="checkbox"/> Raw / <input type="checkbox"/> Other:			
Sample Date: _____ Sample Time: _____ am / pm		Third Party Information	
Tests Required <input type="checkbox"/> FHA (1 Page) <input type="checkbox"/> FHA (2 Page) <input type="checkbox"/> Safe Water Bundle <input type="checkbox"/> Lead <input type="checkbox"/> Arsenic <input type="checkbox"/> Baseline Chem Bundle <input type="checkbox"/> Corrosivity <input type="checkbox"/> EPA Annual Bundle <input type="checkbox"/> Other: <input type="checkbox"/> Coliform/E.coli Only		Name: _____	
		Address: (if different from sample address) <input type="checkbox"/> On File	
		City: _____ State: _____ Zip: _____	
		Phone Number: _____	
OFFICE USE ONLY			
Receipt Date: _____ Time: _____		Total Containers: _____ Bottles Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sample Temp: _____ °C		On Ice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment Method: <input type="checkbox"/> Cash Amount: _____ /		<input type="checkbox"/> Check# _____ Amount: _____ / <input type="checkbox"/> On Account	
Notes/Comments: _____			Initials: _____
Sample #: _____ / QB Invoice #: _____ / <input type="checkbox"/> Mail Invoice / <input type="checkbox"/> Report Sent Date/Initials: _____			