

Sample Information			ABE Laboratories LLC		
Name:		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: _____	
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	
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/ <u>E.coli</u> Only			
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 #: 20-_____ / QB Invoice #: _____ / <input type="checkbox"/> Mail Invoice / <input type="checkbox"/> Report Sent Date/Initials:: _____					