



Micro Sample Submission Form

QF-5.7.1.ME rev.2
8/10/11

Temp: _____

HML Sample No. _____

Contact Information		PAYMENT DUE UPON RECEIPT OF SAMPLE	
Company:		<input type="checkbox"/> Cash <input type="checkbox"/> Check	Amount Rec'd: \$ _____
Name:		<input type="checkbox"/> Credit Card (List Type)	PO#
Address:	City, State:	Card No.	Exp. _____
Phone:	Zip:	Signature:	
Sample results will be delivered via United States Postal Service. If desired, sample results can be faxed and/or e-mailed for a nominal fee.	Fax: <input type="checkbox"/>	E-mail: <input type="checkbox"/>	

Billing Address if different from the above:

Sample Address (if different from above)	County	Area Collected From	Date & Time Collected	Sample Collector

Sample Matrix: circle one Drinking Water Waste Water Sludge Soil Assay desired: circle one Total Dissolved

PWSID# **All state required samples will be submitted to IDEM.** (if applicable)

Call 765-288-1124 with your specific analytical needs and concerns. To ensure analytical integrity, we reserve the right to reject inappropriately prepared/shipped samples. All analytical services subject to our terms and conditions. Expedited service may be available for an extra fee. Due to method requirements not all tests can be expedited. Our business hours are 9:00 am - 5:00 pm, Monday - Friday. I hereby agree that all the information provided above is accurate and I authorize HML to perform the desired test(s) listed below on the sample(s) I have provided. All information pertaining to the above client is kept strictly confidential.

Relinquished by	Date & Time	Received by	Rcvd Date & Time

PLEASE INDICATE THE DESIRED TEST BELOW

Contaminant (Desired Test)	Potential Health Effects	Sources of Contamination
<input type="checkbox"/> Total Coliform (Present/Absent) (including Fecal Coliform & E.coli) \$20.00	Not a health threat in itself; it is used to indicate whether other potentially harmful bacteria may be present.	Coliforms are naturally present in the environment; as well as feces; fecal coliforms and E.coli only come from human and animal fecal waste.
<input type="checkbox"/> Total Coliform w/Count (MPN) (including Fecal Coliform & E.coli) \$30.00		
<input type="checkbox"/> Swimming Pool (Total Coliform & HPC) \$25.00	HPC has no health effects; it is an analytic that are common in swimming pool water.	HPC measures a range of bacteria the environment.
<input type="checkbox"/> E.coli \$25.00	Disease-causing microbes (pathogens) in these wastes can cause diarrhea, cramps, nausea, haedaches or other symptoms. These pathogens may pose a special health risk for infant, young children, and people with severely compromised immune systems.	Indicates that the water may be contaminated with human or animal wastes.
<input type="checkbox"/> Other		

Sample Receiving Address: HML, 912 W. McGalliard Rd., Muncie, IN 47303

Phone: 765-288-1124 Fax: 765-288-8378 E-mail: drh@hml.com