

# The Truman Lab



107 N Jefferson St  
Neosho, MO 64850  
(417) 346-7158

## Chain of Custody: Bacteria

### INSTRUCTIONS - MUST READ OR SAMPLE WILL BE REJECETD

- 1) **Write clearly and legibly.** If information is not legible, your data is unable to be returned. **Completing this form online and delivering via email is highly preferred.** This form accommodates up to 5 samples. All information must be provided for EACH sample. If additional samples are required, use a new form.
- 2) **On This Form:** For each sample, indicate the Collection Date, Collection Time in **24-hour time**, Sample Type, and check (✓) the Analysis Required. Lastly, if the Collection Location is different from the Client Address, list the actual Collection Location (coordinates in decimal degrees are preferred, especially for surface water samples such as those from lakes or streams. Coordinates can be found online using Google Maps by clicking on the Collection Location on the map. Coordinates will appear listed on the bottom-center of the screen).
- 3) **On Each Sample Container:** Sample containers **and** caps will be pre-labeled with a Unique Sample Number by laboratory staff. Using a permanent marker, label each sample container with the Collection Date, Collection Time in **24-hour time**, and write your initials on the bottle cap.
- 4) Ensure all applicable non-patterned boxes on this form are completed. When samples change custody, the Relinquished By and Received By sections must be completed by both parties exchanging the samples. If two samples are Duplicates of each other, indicate this in the comments (not common).
- 5) Samples must be delivered to the lab within 24 hours of collection for drinking water and within 5 hours of collection for surface water. Deliver samples between 9am and 4pm on Wednesdays and Thursdays only. Store samples in a fridge or cooler until delivery. This form must be delivered with the sample, and the lab will return it with the analysis results.

Client Name	Client Phone	Client Email	Client Address

Sampler Name	Sample Types	Analysis Required (Check ✓)	LAB USE ONLY					
	Surface Water (SW) Drinking Water (DW) Waste Water (WW) Other (O)		Sample Batch Number					
Sample Order	Collection Date	Collection Time	Sample Type	E. Coli	Total Coliform	Unique Sample Number	Analysis Results	
							E. coli	Total Coliform

Collection Location:								
2								
Collection Location:								
3								
Collection Location:								
4								
Collection Location:								
5								
Collection Location:								

1. Relinquished By:	1. Received By:	Date:	Time:	Approved By:	
2. Relinquished By:	2. Received By:	Date:	Time:		

Client Comments

Lab Comments