

(Lab Use Only)  
NYS Accession Number: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_  
(mm/dd/yyyy) (military time)  
Received by (initials): \_\_\_\_\_  Chain of Custody Form with Sample

Form instructions provided on page 2

Health Emergency  
\*Submitted by: \_\_\_\_\_ \*Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
Email: \_\_\_\_\_ Submitter's Sample Reference Number \_\_\_\_\_

\*Requested By (Select one DOH Unit AND enter Program, or select state agency, division program or other purpose for request.)

|  |   |   |
|--|---|---|
| <b>Primary oversight DOH Unit</b><br><input type="checkbox"/> Bureau of Water Supply Protection (BWSP)<br><input type="checkbox"/> Bureau of Community Env. Health & Food Protection (BCEHFP)<br><input type="checkbox"/> Bureau of Occupational Health (BOH)<br><input type="checkbox"/> Bureau of Toxic Substance Assessment (BTSA)<br><input type="checkbox"/> Bureau of Environmental Exposure Investigation (BEEI)<br><input type="checkbox"/> Bureau of Environmental Radiation Protection (BERP)<br><br>*Program: _____<br>(enter program and check primary oversight bureau as listed on page 2) | <b>Other State Agency</b><br><input type="checkbox"/> MMP-STs<br><input type="checkbox"/> DEC<br><input type="checkbox"/> OPRHP<br><b>Wadsworth</b><br><input type="checkbox"/> EPTAVU<br><input type="checkbox"/> Quality Control<br><input type="checkbox"/> Other: _____ | <b>Special Projects</b><br>Project ID: _____<br>Researcher: _____<br>Other: _____ |
|--|---|---|

Attn: \_\_\_\_\_ cc: \_\_\_\_\_

Location of Sampling Point (Provide required and optional sampling point details.)

\*County: \_\_\_\_\_ \*City: \_\_\_\_\_ (or) \*Town: \_\_\_\_\_  
\*ID Number/Name: \_\_\_\_\_ NYS Cert #: \_\_\_\_\_  
\*  Water System ID  Source ID  Spill ID  NYS Superfund  Other (Bottled Water)  
Secondary ID Number/Name: \_\_\_\_\_ Production/Lot #: \_\_\_\_\_  
Additional ID Number/Name: \_\_\_\_\_  
\*Sampling Location Details: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sample Information (Provide required and optional sample collection information.)

\*Sample Type: \_\_\_\_\_ \*Chlorinated:  Yes  No  
(\* Indicate status for all water sample types)  
(If chlorinated, record Chlorine Residuals below)  
\*Grab / Composite Finish: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ (air volume/flow rate)  
(mm/dd/yyyy) (military time)  
Composite Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ (air volume/flow rate)  
(mm/dd/yyyy) (military time)  
Other Treatment: \_\_\_\_\_  
**Field Measurements**  
Collected By (If different than submitted by): \_\_\_\_\_ Sample Temperature: \_\_\_\_\_ °C  
Additional Information Regarding Sample: \_\_\_\_\_ Free Chlorine Resid.: \_\_\_\_\_ mg/L  
Total Chlorine Resid.: \_\_\_\_\_ mg/L

Complaints, Observations, Reasons for Submission (Check any that apply.)

Routine Surveillance  Compliance Monitoring  Emergency Response  New Equipment or Procedure  
 Illness  Color  Consumer Complaint  Equipment Failure  
 Turbidity  Taste or Odor  Interruption in Chlorination NYS Outbreak Number: \_\_\_\_\_  
Other: \_\_\_\_\_

\*Analysis Requested (Select type of analysis requested.)

|  |   |   |   |
|--|---|---|---|
| <b>Sanitary Bacteriology</b><br><input type="checkbox"/> Drinking Water<br><input type="checkbox"/> Bottled Water<br><input type="checkbox"/> Nonpotable Water<br><input type="checkbox"/> Waste Water<br><b>Microscopic Analysis</b><br><input type="checkbox"/> Routine Analysis<br><input type="checkbox"/> MPA<br><input type="checkbox"/> Phytoplankton<br><input type="checkbox"/> Algae | <b>Organic Chemistry</b><br><input type="checkbox"/> Chlorinated Pesticides<br><input type="checkbox"/> Nitrogen/Phosphorus Pesticides<br><input type="checkbox"/> Herbicides<br><input type="checkbox"/> PCBs<br><input type="checkbox"/> Volatiles w/Ketones<br><input type="checkbox"/> Petroleum Fuels<br><input type="checkbox"/> Semi-Volatiles<br><input type="checkbox"/> THMs<br><input type="checkbox"/> Haloacetic Acids | <b>Inorganic Chemistry</b><br><input type="checkbox"/> Primary IOC<br><input type="checkbox"/> Secondary Parameters<br><input type="checkbox"/> Langelier Index (Sample temp. required)<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Lead<br><input type="checkbox"/> Fluoride<br><input type="checkbox"/> Trace Metals Scan<br><input type="checkbox"/> Trace Metals (Specify below)<br><input type="checkbox"/> Asbestos/Fibers Analysis | <b>Nuclear Chemistry</b><br><input type="checkbox"/> Routine Surveillance<br><input type="checkbox"/> Unscheduled<br><b>Air Analysis</b><br><input type="checkbox"/> Petroleum H/C Canister<br><input type="checkbox"/> Halogenated H/C Canister<br><input type="checkbox"/> PERC Badge<br><input type="checkbox"/> Cartridge (Specify below)<br><b>Medical Marijuana</b><br><input type="checkbox"/> Potency / Contamination |
|--|---|---|---|

Additional Details or Other Analysis Request: \_\_\_\_\_

### Form Instructions

Carefully read the following instructions. Using black or blue ink, complete the form in a clear and legible manner in the space provided. If additional space or information is necessary, submit additional pages with this form.

**Header Section:** Mark box only if samples are being submitted in response to a Health Emergency.

\*Enter the Submitter Name and Phone Number, E-mail address is optional. Use Submitter's Sample Reference Number field to record submitter's sample tracking number, if applicable.

**Requested By Section:**

\*Check the DOH Unit requesting analysis and enter the Program name in the space provided (the primary oversight Bureau is shown in parenthesis), OR select a State Agency, Wadsworth program, Special Project or Other. If Other, provide a detailed description.

|                                      |   |   |
|--------------------------------------|---|---|
| Public Water Systems (BWSP)          | Recreational Water (BCEHFP)                     | Environmental Exposure Investigation (BEEI) |
| Individual Water Systems (BWSP)      | Regulated Non-Public Water Systems (BCEHFP)     | State Superfund (BEEI)                      |
| Bottled Water (BWSP)                 | Childhood Lead Poisoning Investigation (BCEHFP) | State Radiation Services (BERP)             |
| Fluoridation Level Monitoring (BWSP) | Primary Prevention Lead (BCEHFP)                | Compliance Samples Radiation (BERP)         |
| Occupational Health (BOH)            | Indoor Air (BTSA)                               |   |

Attn: Name(s) will appear on the result report. CC: To be used for additional distribution of result report.

**Location of Sampling Point:**

\*Enter the County and City or Town of record for System / Facility / Site being sampled.

\*Enter Primary ID Number and Full Name. \*Check ID category Water System ID, Source ID, Spill ID, Manufacturer name, or Other if none of the above apply. Enter additional ID Numbers and Names for Facility and Sampling Point Identification, if needed.

\*Provide Sampling Location Details. Include sufficient information to describe exact sampling site for future reference or re-sampling.

Enter Street Address, City, State and Zip Code where sample was obtained (may be different than City or Town recorded above).

**Sample Information:**

\*Enter Sample Type (Choose from list below. If not listed, provide a detailed description of the Sample Type in the space provided on front of form.)

| Drinking Water     | Nonpotable Water     | Air Emissions      | Soil/Solids      | Human   | Non-Human  | Consumer Products  |
|--------------------|----------------------|--------------------|------------------|---------|------------|--------------------|
| Finished Water     | Storm Water          | Indoor             | Surface          | Blood   | Blood      | Food               |
| Partially Treated  | Surface Water        | Outdoor            | Subsurface       | Urine   | Urine      | Beverage           |
| Raw Water          | Rec. Water-Treated   | Soil Gas           | Sediment         | Hair    | Hair       | Vegetable          |
| Well Water         | Rec. Water-Untreated | Dust               | Sludge           | Milk    | Milk       | Dairy              |
| Spring Water       |                      | Fallout            | Paint Chips      | Breath  | Thyroid    | Meat               |
| Bottled Water      | <b>Waste Water</b>   | Bag/Can/Bottle-Vac | Friable Bulk     | Thyroid | Vegetation | Poultry            |
|                    | Ind. Waste Water     | Particulates       | Non-Friable Bulk | Plasma  | Insect     | Fish               |
| <b>Swabs/Wipes</b> | Sewage               | Charcoal Canister  |                  | Serum   |            | Medicinal Product  |
| Dry Wipe           | Leachate             |                    |                  |         |            | Commercial Product |
| Wet Wipe           |                      |                    |                  |         |            |                    |

\*For all Water Sample Types check Yes or No if the water has been chlorinated. Record any field measurement of Free and Total Chlorine Residuals. If Other or additional treatment was performed enter this information.

\*Enter Sample Grab date and time. If sample is composited, enter Start and Finish dates and times. If required, provide air volume/flow rate readings. If sample collection is performed by someone different than the Submitter, enter name. Enter field measurement information, as required.

Provide additional sampling information in the space provided.

**Complaints, Observations, Reasons for Submission:**

Check any that apply. Provide additional information as needed.

**\*Analysis Requested:**

Select Analysis types requested on Sample. If the desired analysis is not listed, provide a detailed request in the space provided.

**Shipping/Mailing Information:**

Include: "Attention To" Laboratory on address label. Shipments to the Inorganic and Organic Laboratories may be consolidated. All other laboratories require separate shipping.

Courier Shipping Address

Wadsworth Center, NYS Dept. of Health  
 Div. of Environmental Health Sciences  
 P1 South Dock J  
 Empire State Plaza  
 Albany, NY 12237

US Mail Address

Wadsworth Center, NYS Dept. of Health  
 Div. of Environmental Health Sciences  
 Empire State Plaza  
 P.O. Box 509  
 Albany, NY 12201-0509

Attention To (Specify on Label)

Inorganic Laboratory  
 Organic Laboratory  
 Environmental Biology Laboratory  
 Nuclear Chemistry Laboratory  
 Medical Marijuana Laboratory  
 Bio-Organic Analytical Chemistry Laboratory  
 Environmental Lead Laboratory  
 Asbestos Laboratory

| Laboratory Receiving Information (Lab Use Only) |  | Preservatives Added            | In Field | In Laboratory |
|---|--|--------------------------------|----------|---------------|
| Rec'd Temp/Status:                              |  | HCl                            |          |               |
| Turbidity:                                      |  | HNO <sub>3</sub>               |          |               |
| Residual Cl <sub>2</sub> :                      |  | H <sub>2</sub> SO <sub>4</sub> |          |               |
| pH:   |  | NaOH                           |          |               |
| Received Condition:                             |  | Thiosulfate                    |          |               |
| Notes:  |  | Sodium Bisulfite               |          |               |
|   |  | Ascorbic Acid                  |          |               |
|   |  | Other:                         |          |               |