

Field ID Number

New Jersey Department of Health
Environmental and Chemical Laboratory Services
PO Box 361, Trenton, NJ 08625-0361
Phone: 609-530-2820

Lab Sample Number
(For Lab Use Only)

RADIOANALYTICAL SERVICES SAMPLE SUBMITTAL
(See Instructions)

AGENCY INFORMATION

Submitting Agency		Send the Results To (Full Name)		Project Name	
Street Address		Phone		Project Code	
City, State, Zip Code		Fax		Memo Number	
Agency No.	Email	Final Report Option? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2		Electronic Report Option? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> EDD <input type="checkbox"/> E-2	

SAMPLE INFORMATION

Sample Point/Station ID Number/Water Facility ID	Collection Interval (YY/MM/DD) Time (24h) Start: ___/___/___ ___	Sample Type <input type="checkbox"/> Water-POE <input type="checkbox"/> Soil/Sediment <input type="checkbox"/> Water-Raw <input type="checkbox"/> Wipe/Filter <input type="checkbox"/> Water-Waste <input type="checkbox"/> Vegetation <input type="checkbox"/> Water-Distribution <input type="checkbox"/> Meat <input type="checkbox"/> Other: _____
Sampling Site/Facility/Supply/Location/Sampling Point ID	Stop: ___/___/___ ___	
Sampling Point Street Address	Type of Sampling Event <input type="checkbox"/> Compliance <input type="checkbox"/> Regular <input type="checkbox"/> New Well Test <input type="checkbox"/> Other: _____	Sample Retention - Retain? <input type="checkbox"/> No <input type="checkbox"/> Yes - Duration _____
System Name	PWSID	Container Description # of <input type="checkbox"/> 1 Gallon Cubitainer _____ <input type="checkbox"/> 2 Gallon Jug _____ <input type="checkbox"/> Other: _____
Facility Name	Trip Blank # (if applicable)	State Container? <input type="checkbox"/> Yes <input type="checkbox"/> No
Municipality/County	Sample Collector (Full Name)	

FIELD INFORMATION

FOR LAB USE ONLY		Water Temp °C	Sample Depth Ft.	Preserved in: <input type="checkbox"/> Pre-acidified Container <input type="checkbox"/> Sample Receiving <input type="checkbox"/> Field <input type="checkbox"/> Lab
Background Emission Rate (µR/hr)	Sample Emission Rate (µR/hr)	Sample pH (Field)	Turbidity (NTU)	
Comments				Date: ___/___/___ Time: _____

ANALYSIS REQUESTS

Turnaround Time (TAT) <input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> Emergency	Radium by Gamma Method <input type="checkbox"/> Total <input type="checkbox"/> Sus. <input type="checkbox"/> Dis. <input type="checkbox"/> Radium-224 (SM 7500-RA E) <input type="checkbox"/> Radium-226 (ECLS-R-RA226/RA228) <input type="checkbox"/> Radium-228 (ECLS-R-RA226/RA228) <input type="checkbox"/> Ra-228, Radiochemical (NJ Method) <input type="checkbox"/> Unsupported Lead-212 (NJ Method)	Strontium (ECLS-R-SR89/90) <input type="checkbox"/> Strontium-89 and -90 <input type="checkbox"/> Strontium-90 <input type="checkbox"/> Polonium-210 (FERN-RAD. 0002.00) <input type="checkbox"/> Gamma Spectroscopy (EPA 901.1) (Specify radionuclides): <input type="checkbox"/> K-40 <input type="checkbox"/> Co-60 <input type="checkbox"/> Zn-65 <input type="checkbox"/> I-131 <input type="checkbox"/> Ba-133 <input type="checkbox"/> Cs-134 <input type="checkbox"/> Cs-137 <input type="checkbox"/> Ra-226 <input type="checkbox"/> Ra-228 <input type="checkbox"/> U-238 Other: _____
Gross Alpha <input type="checkbox"/> Evaporation -48 Hour (ECLS-R-GA) <input type="checkbox"/> Evaporation (EPA 900.0) <input type="checkbox"/> Total <input type="checkbox"/> Sus. <input type="checkbox"/> Dis. <input type="checkbox"/> Coprecipitation (ECLS-R-GA-CO)	Uranium <input type="checkbox"/> Isotopic Uranium (EPA 00-07) <input type="checkbox"/> Total Uranium by ICP/MS (EPA 200.8) <input type="checkbox"/> Radon-222 (EPA 913.0) <input type="checkbox"/> Tritium (EPA 906.0)	

Relinquished By	Received By	Date	Time	Reason for Change of Custody
Name (Print):	Name (Print):			
Signature:	Signature:			
Signature:	Signature:			
Signature:	Signature:			
Signature:	Signature:			
Signature:	Signature:			
Signature:	Signature:			