



**University of Nebraska
Water Sciences Laboratory
Sample Submittal Form**

WSL Batch Number(s) _____

Date _____ **Sample Type:** Water Wastewater Sediments

Contact Name _____

Number of Samples _____

Company _____

Address _____

City _____ **State** _____ **Zip** _____

Email Address _____

Telephone _____

Project Code _____

<p>Tests Desired <i>(please refer to protocol code if possible)</i></p>

To be billed? (Y/N) Acct. _____ **Billing Address** _____

	Sample Field ID#	Collection Date/Time	Sampled By	Preservative?	Lab ID# (WSL use only)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Comments _____

Date Completed _____

Mail or deliver samples and completed form to
202 Water Sciences Laboratory
University of Nebraska-Lincoln
Lincoln, NE 68583-0844
dsnowl@unl.edu; 402-472-7539