SRTC

SePRO Research & Technology Campus

SePRO

Algae & Water Quality Analytical Services

SeSCRIPT® Chain of Custody

Company Name:* _____

Contact Person:* _____

Billing Address:* _____

Telephone:* _____

Email Address:* _____

Site Location/State:* _____

*Required fields

Project/Reference Name: _____

SePRO Aquatic Specialist Name: _____

Sampler: _____

Number of samples to be analyzed: _____

Check Payment Method: ☐ PO Number_____ ☐ VISA ☐ MasterCard **Card No.**_____ **CCV Code:**_____ **Expiration Date:** _____

☐ Check here if you would like us to keep this credit card information on file for future lab analysis orders.

Quote No.: _____

(To establish a secure credit card file for future billing, please contact the SePRO Accounting Department at 317-580-8291).

Sample Location and Identification

Draw a map of water body, to include sample locations by sample identification number as listed on the other side of this form or enclose a copy of a prepared map with this information.

Direct all inquiries about your sampling and SeSCRIPT results to your SePRO Technical Sales Specialist.

Ship samples to:
SePRO SRTC
16013 Watson Seed Farm Road
Whitakers, NC 27891-9114
Email: srtclab@sepro.com
Tel: (252) 437-3282

Field Notes:

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Water Body Name:_____ City_____ State_____

Water Body Size: (acres)_____ Average Depth: (feet)_____ Date/Time Sample Collected:_____ **One form for each water body**

Bundle Analysis:

- [ ] **Water Quality Baseline Bundle**
  (pH, alkalinity, conductivity, hardness, dissolved oxygen, turbidity, total phosphorus, free reactive phosphorus)
- [ ] **Water Quality Baseline Plus Bundle**
  (Baseline Bundle plus chlorophyll *a*, nitrates, nitrites and total nitrogen)
- [ ] **Algae and WQ Baseline Plus Bundle**
  (WQ Baseline Plus Bundle and algae I.D./enumeration)
- [ ] **Comprehensive Algae Bioassay**
  (A multi-phase bioassay screening process to evaluate site specific algaecide performance. Also includes the Algae & WQ Baseline Plus analyses. Contact SePRO prior to collection and shipment.)

Individual Analysis:

- [ ] Algae ID††
- [ ] Alkalinity
- [ ] Chloride††
- [ ] Chlorophyll *a*
- [ ] Conductivity
- [ ] Dissolved Oxygen†
- [ ] Hardness
- [ ] Microbial Bacteria†† (total coliform & E. coli)

- [ ] Nitrates & Nitrites
- [ ] Nitrogen, Total (Kjeldahl)
- [ ] pH
- [ ] Phosphorus, Total (water)
- [ ] Phosphorus, Free Reactive (water)
- [ ] Phosphorus, Total & Free Reactive (water)
- [ ] Phosphorus, Total (sediments)
- [ ] Salinity††

- [ ] Total Dissolved Solids
- [ ] Total Suspended Solids
- [ ] Turbidity

Phosphorus, Fractioning†† (sediments)
- [ ] Level 1 Total & Available P
- [ ] Level 2 SRTC Comprehensive

Algae Infestation:

- [ ] Low   - [ ] Moderate   - [ ] High

Additional description:_____

_____

Water Uses:

- [ ] Swimming   - [ ] Fishing   - [ ] Potable   - [ ] Irrigation   - [ ] All listed

Describe algae management history (*if any*):_____

_____

† In order for the lab to generate more accurate D.O. data, it is recommended to preserve the sample immediately after collecting using appropriate reagents. †† This laboratory is not accredited for these tests: Salinity, Chloride, Phosphorus fractioning, Algae ID and Microbial Bacteria.

Client Sample Site I.D. (Required field)	Date Sample Collected (Required field)	Depth Sample Collected (feet)	Sample Location – Identify sites on map (GPS coordinates preferred)	Lab Use Only - Notes
1.				
2.				
3.				
4.				
5.				
6.				

Shipped by:_____ Date/Time:_____

.... **To be filled out by laboratory** ....

Received by:_____ Date/Time:_____

Sample condition upon receipt: - [ ] Good condition   - [ ] No (explain)_____

Sample temperature upon receipt:_____   Thermometer ID:_____