



Sample Retention Policy: Submitted samples are deemed property of the original submitter (Person/Agency that receives the testing report) and must be retrieved by the submitter within 60 days of the date of submission.

Collection Information	*Collected by (last name, first name)		*Date Collected (MM/DD/YYYY)		*Time Collected (Military)	
	Sample ID/Agency Log #			Agency /Team		
	Location ID (Nuclear Power Plant - Sector/ Other)		Distance	GPS Latitude		GPS Longitude
	Street		City		State	Zip

Test	<input type="checkbox"/> Gamma Analysis <input type="checkbox"/> Gross Alpha <input type="checkbox"/> Gross Beta <input type="checkbox"/> Tritium <input type="checkbox"/> Other _____
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Sample Information	Sample Code/Type	Complete and Check/Circle as applicable (Enter time in Military Time)					
	<input type="checkbox"/> CC (Carbon Cartridge)	Date ON _____ Time ON _____ Date OFF _____ Time OFF _____					
	<input type="checkbox"/> Silver Zeolite	Start Flow _____ Stop Flow _____ <input type="checkbox"/> ft ³ /min or <input type="checkbox"/> L/min					
	<input type="checkbox"/> FP/Filter Paper	Total Volume _____ <input type="checkbox"/> ft ³ or <input type="checkbox"/> L Total Volume _____ <input type="checkbox"/> m ³ Timer Reading _____					
	<input type="checkbox"/> SL/Soil	Depth of Sample _____ cm Sample Surface Area _____ cm ² Vegetation Sample # (if collected in a separate container) _____					
	<input type="checkbox"/> MI/Milk	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other, specify _____ Milking Date/Time _____ <input type="checkbox"/> Stored Feed <input type="checkbox"/> Pasture <input type="checkbox"/> Other, specify _____					
	<input type="checkbox"/> WA/Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground/Well <input type="checkbox"/> Potable/Tap <input type="checkbox"/> Snow <input type="checkbox"/> Other, specify _____					
	<input type="checkbox"/> AF/Animal Feed <input type="checkbox"/> FI/Fish <input type="checkbox"/> MT/Meat <input type="checkbox"/> PR/Produce and Fruit <input type="checkbox"/> SE/Sediment <input type="checkbox"/> VE/Vegetation <input type="checkbox"/> WP/Wipe <input type="checkbox"/> OT/Other _____						
Comments							
Field (Dose Rate at 1 Meter)		Field (Dose Rate at Ground Level)		Sample (Contact Dose Rate)		Duplicate/Split Sample #	

Lab Use Only	Date Received:	Received By:	ODH Lab ID:	Date Reported	Billing
					<input type="checkbox"/> Fee Due <input type="checkbox"/> Exemption

Chain of Custody	Relinquished By		Date	Time	Received by		Date	Time
	Print	Signature			Print	Signature		
	Print	Signature			Print	Signature		
	Print	Signature			Print	Signature		
	Print	Signature			Print	Signature		
	Print	Signature			Print	Signature		
	Print	Signature			Print	Signature		

Instructions:

1. Following information is required for billing before testing on samples can be started

Agency Name* _____ Acct# or Fed Tax ID# _____

Contact Name* _____

Address _____ City _____ State _____ Zip _____

Phone Number* _____ Fax Number* _____ Email* _____

Note: Fields marked with an asterisk (*) must be completed

2. Samples with submission forms that have incomplete information may not be processed immediately. Please ensure all required (*) information is provided to avoid unnecessary delays in testing.
3. Enter time in the requested format (military time).
4. Enter date in the requested format (MM/DD/YYYY).
5. Chain of custody section: Submitter and ODHL receivers' signatures.
6. Sample Retention Policy: Submitted samples are deemed property of the original submitter (Person/Agency that receives the testing report) and must be retrieved by the submitter within 60 days of the date of submission.