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ZQ Lab Use Only
ZQ Accession:
Date Received:

WATER QUALITY LAB SUBMISSION FORM

Organization: Address: Preferred Results Reporting (email or fax): Phone: Invoicing Contact: Sample Submission Information System ID: Project ID/Name: Sample Matrix: Collection Date/Time: Sample Containers (#/Volume): Medications, if any: Test(s) Requested Panels: Basic Panel (ammonia, alkalinity, pH, nitrite, salinity) Basic Panel + Phosphate Basic Panel + Phosphate Coral Panel (salinity, pH, ammonia, nitrite, alkalinity, calcium, phosylindividual Tests: Salinity pH Alkalinity Calcium Nitrate Phosphate Iron Copper Chloroquine Bacteria Monitoring: Coliforms (MPN) Total, E. coli Enterococcus (MPN) Heterotrophic Plate Count for total by	nation							
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