



Algae & Water Quality Analytical Services

SeSCRIPT® Chain of Custody

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 algacide 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: _____