SePRO Research & Technology Campus

SRTC

SePRO

FasTEST® Monitoring

Chain of Custody

Company Name:* _____

Contact Person:* _____

Billing Address:* _____

Telephone:* _____

E-mail Address:* _____

*Required fields

Project/Reference Name: _____

SePRO Aquatic Specialist Name: _____

Sampler: _____

Number of samples to be analyzed: _____

Will water from treatment site be used for irrigation or potable purposes? If so, please describe: _____

**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.**

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

Draw a map of water body or enclose a copy of a prepared map identifying the following:

- • Sample locations by Sample Numbers as listed on the *other side of this form.*

- • Treatment area, if not the whole lake.

- • Irrigation or potable water intake locations
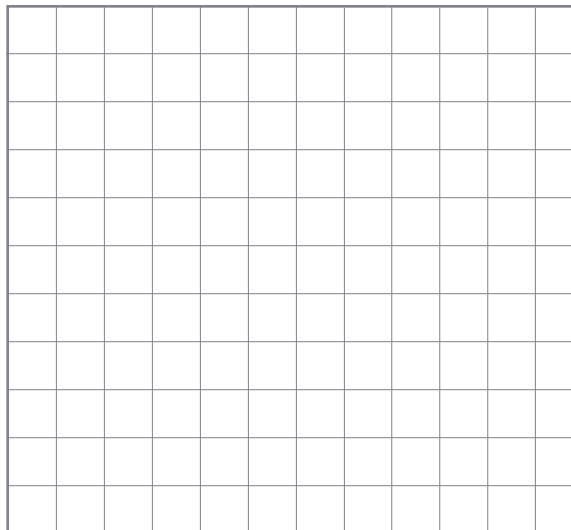
Field Notes:

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

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

SePRO Research & Technology Campus

SRTC

SePRO

FasTEST® Monitoring

Chain of Custody

Water Body Name: _____ Water Body Size (acres): _____ State: _____

Depth Average and Depth Collected (feet): _____ Target Plant Species: _____

Formulations Applied (Place an "X" in the boxes of analysis desired)   **One form for each water body and formulation**

Sonar® (fluridone) A.S. ☐ PR ☐ Q ☐ SRP ☐ One ☐ Genesis ☐	Renovate® (triclopyr) 3 ☐ OTF ☐	Renovate® MAX G (triclopyr & 2,4-d) ☐	Sculpin® G (2,4-d) ☐
Galleon® (penoxsulam) ☐	Nautique® (copper) ☐	Komeen® (copper) ☐	SeClear (copper) ☐	K-Tea® (copper) ☐	Captain® (copper) ☐	Captain® XTR (copper) ☐
Habitat® (imazapyr) ☐	Clearcast® (imazamox) ☐	Oasis® (topramezone) ☐	Stingray® (carfentrazone-ethyl & chloropropionic acid†) ☐	ProcellaCOR® ☐

	Client Sample Site I.D. (Required field)	Date(s) Treated	Date Sample Collected (Required field)	Application Rate(s)	Treated Area (In Acres)	Sample Location – Identify sites on map (GPS coordinates preferred)	Lab Use Only - Notes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

FasTEST results will be reported 48 hours from receipt of samples by laboratory. Inaccurate or incomplete information on this form may delay analysis and reporting. †This laboratory is not accredited for these tests: Stingray.

Shipped by: _____ Date/Time: _____

····· **To be filled out by laboratory**

Received by: _____ Date/Time: _____