



REQUEST FOR FSMA* ANALYSIS

FOR LAB USE ONLY

Complete all parts of this form legibly in ink to ensure your sample is accepted for testing.

Date Collected	Time Collected	<input type="checkbox"/> AM	Sample Collector's Name
		<input type="checkbox"/> PM	

Samples collected under the Food Safety Modernization Act not meeting USEPA method requirements will not be tested.

SAMPLE COLLECTION INFORMATION

Owner/Business Name				
Address		City	State	Zip
County	Township	Section	Site Code/ Permit Number	
Sampling Point	<input type="checkbox"/> Irrigation ID #	<input type="checkbox"/> Post-Harvest ID #		

REPORT RESULTS TO

Name	Phone Number		
Address	City	State	Zip
Send Report to E-mail			

BILLING INFORMATION

<input type="checkbox"/> Check here if billing name/address is same as report results to name/address.	Billing Name		
Billing Address	City	State	Zip
Drinking Water Lab Acct #	Check # (payable to State of Michigan)	Amount	

TESTING INFORMATION

Test Code	Sample Container	Test Description	Fee	Test Request Instructions
<input type="checkbox"/> BFSMA	30	E.coli (Counts <1 - 2419.6)	\$16.00	1. One FSMA sample per request form. 2. Fill bottle between line and neck of bottle. 3. Check container label to ensure correct sample container. 4. See reverse side for sample collection instructions. * This test code requires thermal preservation and MUST be returned to the laboratory within 6 hours of collection.
This test MUST be scheduled with the laboratory. Call 517-335-8184 to schedule testing prior to sample collection and delivery.				
FOR LAB USE ONLY				Sample Receipt Temperature: _____ °C
FOR LAB USE ONLY				Received on Ice: <input type="checkbox"/> Yes <input type="checkbox"/> No

*Food Safety Modernization Act

1 Follow These General Sample Collection Instructions for collecting your sample(s)

- Do not open the sample container until immediately prior to sample collection.
- Do not touch the inside of the sample container or container cap.
- Do not rinse the sample container with sample.
- Freeze ice packs if provided for a minimum of 24 hours prior to sample collection.
- Return samples with this completed form to the EGLE Drinking Water laboratory within 6 hours of collection using provided frozen ice packs and cooler before 3PM Monday through Thursday. Additional ice may be necessary to cool samples to <10°C during transit. Ensure sample containers are not total immersed in water during transport.

2 Follow These Specific Sample Container Collection Instructions for collecting your sample(s)

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- These sample containers may contain a chemical preservative in liquid, powder or tablet form indicated on the container label. Use caution when collecting samples. * These sample containers require temperature preservation and must be returned to the laboratory within 6 hours.
1. Remove the sample container cap.
 2. Plunge sample container mouth down, move in continuous arc down and back up from water.
 3. Ensure container is filled between 100 mL volume line and neck of bottle indicated on the container, and replace the sample container cap.

3 Return Your Surface Water Sample(s) to the EGLE Drinking Water Laboratory within 6 hours of collection.

Sample Drop Off

**You must call in advance to drop
your samples off.
Call 517-335-8184**

EGLE Drinking Water Laboratory
3350 N. Martin Luther King Jr. Blvd.
Lansing, MI 48906
Monday – Thursday 8:00AM to
3:00PM
Closed Holidays

4 Sample Testing and Your Results

- Please allow up to **3 - 10 business days** for your sample test result(s).
- Call your Local County Health Department for an interpretation of your sample test result(s). See your sample test report for your Local County Health Department contact information. Results will be sent to the Health Department for the County entered on the front of this form
- For additional information visit the EGLE Drinking Water Laboratory at michigan.gov/eglelab.