



# Q Laboratories, Inc.

## Legionella Sample Submission Form

1400 Harrison Ave. Cincinnati, OH 45214  
 Phone: (513) 471-1300 • Fax: (513) 471-5600  
 • www.QLABORATORIES.com  
 • Email: office@qlaboratories.com

Customer Information				Date Submitted:	
Company Name:					
Report Results To:				Billing Contact (if different):	
Street Address:				Street Address:	
City, State, Zip:				City, State, Zip:	
Phone #:				Phone #:	
Please List option(s) for receiving results ONLY (electronic documents will be in Adobe Acrobat (PDF) format).				Purchase Order # (if applicable):	
Fax to:				Turnaround time requested: <input type="checkbox"/> Routine <input type="checkbox"/> Rush	
Email to:				Q Labs Proposal # (if applicable):	
Sample #	Sample ID	Sample Type (Water, swab, etc.)	Analysis to be Performed (Minimum sample volume = 1 Liter)	Water Type	
				Potable	Non-Potable
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions:				<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           Authorizing Signature         </div>	
Completed and signed sample submission form indicates agreement with Q Laboratories terms and conditions and authorizes Q Laboratories to perform the requested tests.					
Do you want your cooler returned? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you need additional supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Supplies Needed _____		Qty: _____	
Q Labs Use only:		QL Reference # _____		Date Received: _____	



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Sample #	Sample ID	Sample Type (Water, swab, etc.)	Analysis to be Performed (Minimum sample volume = 1 Liter)	Water Type	
				Potable	Non-Potable
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>
35				<input type="checkbox"/>	<input type="checkbox"/>

Q Labs Use only:

QL Reference # \_\_\_\_\_

Date Received \_\_\_\_\_