

# WATER & MISC. Sample Submission Form & Fees

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|  <p><b>Analytical Laboratory</b><br/> <b>McCall Hall, MSU</b><br/> <b>PO Box 173620</b><br/> <b>Bozeman, MT 59717-3620</b><br/> <b>Phone: 406-577-7917</b><br/> <a href="http://www.analyticallab.mt.gov">www.analyticallab.mt.gov</a></p>                                                                                                                      | Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FOR LAB<br/>USE ONLY</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Received By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Delivered Via:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Invoice Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sample Number(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
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| <b>Bill To:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Report To:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| <b>Attn:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Attn:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| <b>City:</b> <b>St:</b> <b>Zip:</b>                                                                                                                                                                                                                                                                                                                                                                                                              | <b>City:</b> <b>St:</b> <b>Zip:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
| <b>Phone:</b> <b>Fax:</b>                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Phone:</b> <b>Fax:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |
| <b>Email:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Email:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |
| <b>SAMPLE DESCRIPTION: (check one or more)</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| <input type="checkbox"/> Water (Livestock) <input type="checkbox"/> Biological (i.e. Ocular Fluid) <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| <b>ANALYSIS REQUESTED: (check one or more)</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| <b>ELEMENTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| <input type="checkbox"/> Alkalinity (mg CaCO <sub>3</sub> /L)..... \$50.00<br><input type="checkbox"/> Hardness (mg CaCO <sub>3</sub> /L)..... \$50.00<br><input type="checkbox"/> Nitrate..... \$15.00<br><input type="checkbox"/> Nitrate/Nitrite as Nitrogen..... \$150.00<br><input type="checkbox"/> pH..... \$15.00<br><input type="checkbox"/> Sulfate..... \$50.00<br><input type="checkbox"/> Total Dissolved Solids (TDS)..... \$25.00 | <p><u><i>*All elements are determined as Dissolved</i></u></p> <input type="checkbox"/> Calcium (Ca)..... \$40.00<br><input type="checkbox"/> Copper (Cu)..... \$40.00<br><input type="checkbox"/> Iron (Fe)..... \$40.00<br><input type="checkbox"/> Magnesium (Mg)..... \$40.00<br><input type="checkbox"/> Manganese (Mn)..... \$40.00<br><input type="checkbox"/> Potassium (K)..... \$40.00<br><input type="checkbox"/> Sodium (Na)..... \$40.00<br><input type="checkbox"/> Zinc (Zn)..... \$40.00<br>Elemental Screen..... \$150.00<br>• Includes: Ca, Cu, Fe, K, Mg, Mn, Na, & Zn |                             |
| <b>Prices effective August 25, 2018</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |