



# 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: \_\_\_\_\_

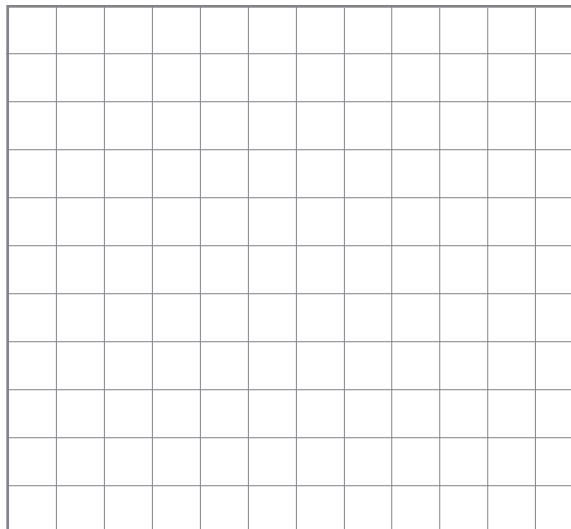
Check Payment Method:  PO Number \_\_\_\_\_  VISA  MasterCard Card No. \_\_\_\_\_ CCV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check here if you would like us to keep this credit card information on file for future lab analysis orders.

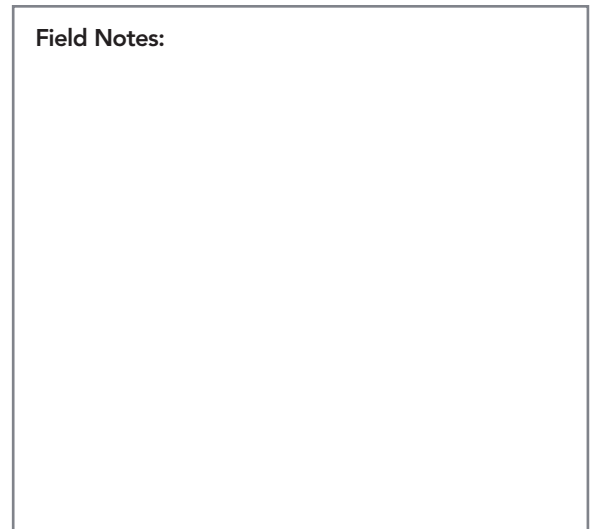
(To establish a secure credit card file for future billing, please contact the SePRO Accounting Department at 317-580-8291).

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 Aquatic Specialist.**

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



# FasTEST<sup>®</sup> 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 <sup>®</sup> (fluridone) <input type="checkbox"/>	A.S. <input type="checkbox"/>	PR <input type="checkbox"/>	Q <input type="checkbox"/>	SRP <input type="checkbox"/>	One <input type="checkbox"/>	Genesis <input type="checkbox"/>	Renovate <sup>®</sup> (triclopyr) <input type="checkbox"/>	3 <input type="checkbox"/>	OTF <input type="checkbox"/>	Renovate <sup>®</sup> MAX G (triclopyr & 2,4-d) <input type="checkbox"/>	Sculpin <sup>®</sup> G (2,4-d) <input type="checkbox"/>
Galleon <sup>®</sup> (penoxsulam) <input type="checkbox"/>	Nautique <sup>®</sup> (copper) <input type="checkbox"/>	Komeen <sup>®</sup> (copper) <input type="checkbox"/>	SeClear <sup>®</sup> (copper) <input type="checkbox"/>	K-Tea <sup>®</sup> (copper) <input type="checkbox"/>	Captain <sup>®</sup> (copper) <input type="checkbox"/>	Captain <sup>®</sup> XTR (copper) <input type="checkbox"/>					
Habitat <sup>®</sup> (imazapyr) <input type="checkbox"/>	Clearcast <sup>®</sup> (imazamox) <input type="checkbox"/>	Oasis <sup>®</sup> (topramezone) <input type="checkbox"/>	Stingray <sup>®</sup> (carfentrazone-ethyl & chloropropionic acid <sup>†</sup> ) <input type="checkbox"/>								

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. <sup>†</sup> This laboratory is not accredited for these tests: Stingray.

Shipped by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

..... To be filled out by laboratory .....

Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_