



|   |              |                                  |              |             |
|---|--------------|----------------------------------|--------------|-------------|
| STORET/SWIMS No.                                  | Field Number | County No.                       | Program Code | Region Code |
| Waterbody Number                                  |              | Sample Location – Waterbody Name |              |             |
| Sample Point Description/Sampling Device/Comments |              |                                  |              |             |

|                                   |
|-----------------------------------|
| <b>Sample Information</b>         |
| Sample Type<br>SU – Surface Water |
| Depth of Sample                   |

|                          |  |                               |     |
|--------------------------|--|-------------------------------|-----|
| <b>Send Report To</b>    |  |                               |     |
| Account Number           |  | Lakes Grant or Project Number |     |
| Name (Last, First)       |  |                               |     |
| Address                  |  |                               |     |
| City                     |  | State                         | Zip |
| Email                    |  |                               |     |
| Collected By             |  | Collector Telephone Number    |     |
| Sample Date (mm/dd/yyyy) |  | Sample Time (24-hr clock)     |     |

|   |
|---|
| <b>Test Request:</b>  |
| <b>WSLH Environmental Toxicology Lab:</b>   |
| <p>A. Algae Identification and Enumeration (check one):</p> <p><input type="checkbox"/> Algae Enumeration &amp; ID to Genus, natural units/mL (250 mL Bottle)</p> <p><input type="checkbox"/> Cyanobacteria Enumeration &amp; ID to Genus, natural units/mL (250 mL Bottle)</p> <p><input type="checkbox"/> Cyanobacteria Screen to Genus, natural units/mL (250 mL Bottle)</p> <p style="padding-left: 40px;">Field Preservative Added (250 mL Bottle Only):</p> <p style="padding-left: 80px;"><input type="checkbox"/> Lugol's    <input type="checkbox"/> Glutaraldehyde    <input type="checkbox"/> None</p> <p>B. Cyanobacteria Toxin (1 Liter Amber Bottle - 1/3 Full)</p> <p><input type="checkbox"/> Microcystin via ELISA</p> |
| <b>WSLH Organics Lab:</b>   |
| <p>A. Cyanobacteria Toxins (1 Liter Amber Bottle - 1/3 Full)</p> <p><input type="checkbox"/> Microcystins, Anatoxin-a and Cylindrospermopsin via HPLC/MS/MS</p>   |

|   |  |
|---|--|
| <b>For Lab Use Only:</b>  |  |
| Date Received at Lab: _____   |  |
| Laboratory Number: _____  |  |
| Lab Preservative (if applicable):<br>_____                                    |  |
| Date Analyzed: _____  |  |
| Analyst: _____  |  |
| <hr/>   |  |
| For "Toxins via HPLC/MS/MS" Requests:   |  |
| Organic Lab Number: _____   |  |
| <br><br><br>  |  |
| (Deliver 1 Liter amber bottle & copy of lab slip to the Organic's Department) |  |



**Field Parameters - Optional**

|                                      |         |                               |           |
|--------------------------------------|---------|-------------------------------|-----------|
| Sample Temperature - field (°C)      | ___-___ | Secchi Depth (feet or meters) | ___-___   |
| Ambient Air Temperature - field (°C) | ___-___ | Cloud Cover %                 | ___-___ % |
| DO field (mg/l)                      | ___-___ | Cond-fld (µS/CM@25°C)         | ___-___   |
| pH (su) field                        | ___-___ | Chlorophyll A (ug/L)          | ___-___   |

Secchi Depth Hit Bottom? <sup>F or M</sup>  Yes  No

Comments:

**Sampling Instructions:**

1. **\*\*Important:** Please plan on either delivering samples in person to the laboratory (7:45AM – 4:30PM weekdays) or shipping samples on the same day as collected. Samples need to be at the lab the next day. If possible, do **not** collect or ship samples out on Fridays or Saturdays because the lab does not accept these samples on weekends.
2. Label sample bottle(s) with waterbody name, brief sampling point description, and sampling date using a water-proof marker (e.g. Sharpie). The 250 mL plastic bottle will be used for algae identification and the 1 liter glass amber-colored bottle will be used for toxin analysis (if desired, both ELISA and HPLC toxin analyses can be done using the same glass amber bottle).
3. Remove caps and fill each bottle with sample at desired sampling depth. It is best to sample away from the shore-line in order to avoid the collection of sediments. If also collecting a sample for toxin analysis, use the 1 liter glass amber bottle and fill only 1/3 full. Fill all other bottles to the top.
4. Replace and tighten caps to prevent leakage.
5. If the algae ID sample (250 mL plastic bottle) is to be preserved in the field, add preservative to the sample, replace cap, and mix gently by inverting bottle 3 - 4 times. Label the bottle with the amount and type of preservative added. **\*\*DO NOT** add preservative to the 1 liter glass amber bottle used for toxin analysis.
6. Complete the test request form(s), using a separate form for each sample point collected.
7. Keep samples in a cool, dark location (refrigeration is ideal) until hand delivered/shipped to the lab.

**Shipping Instructions:**

1. Place each bottle in a zip-lock bag. Place completed test request form(s) into a separate zip-lock bag.
2. Pack bagged bottles and lab request forms into an appropriate leak-proof shipping container. It is highly recommended that appropriate packing materials (e.g. styrofoam, newspapers, bubble-wrap, etc...) be added to the container in order to prevent breakage.
3. Add ice (in sealed bags) or freezer ice packs and securely tape shipping container closed.
4. Ship samples the same day as collected for next day delivery (e.g. via FedEx or UPS). Do **not** ship samples out on Fridays or Saturdays because the lab does not accept these samples on weekends. Shipping Address: Wisconsin State Lab of Hygiene  
Attn: Sample Receiving  
2601 Agriculture Drive  
Madison, WI 53718

The **Program Code** is a two-digit DNR program abbreviation: WT (Watershed), DG (Drinking and Groundwater)  
 The **Region Code** is a single numeric code for the appropriate DNR region: 1 = SCR, 2 = SER, 4 = NER, 6 = WCR, 7 = NOR  
 The **Account Number** must be completed in order for the samples to be billed to the correct funding source. Contact the DNR/DHS Laboratory Coordinator if you are unsure what the proper account number is.

**Sample Type:** SU (Surface Water), NP (Storm Water)

**County Code:**

|                |              |                |
|----------------|--------------|----------------|
| Adams 01       | Iowa 25      | Polk 49        |
| Ashland 02     | Iron 26      | Portage 50     |
| Barron 03      | Jackson 27   | Price 51       |
| Bayfield 04    | Jefferson 28 | Racine 52      |
| Brown 05       | Juneau 29    | Richland 53    |
| Buffalo 06     | Kenosha 30   | Rock 54        |
| Burnett 07     | Kewaunee 31  | Rusk 55        |
| Calumet 08     | La Crosse 32 | St. Croix 56   |
| Chippewa 09    | Lafayette 33 | Sauk 57        |
| Clark 10       | Langlade 34  | Sawyer 58      |
| Columbia 11    | Lincoln 35   | Shawano 59     |
| Crawford 12    | Manitowoc 36 | Sheboygan 60   |
| Dane 13        | Marathon 37  | Taylor 61      |
| Dodge 14       | Marinette 38 | Trempealeau 62 |
| Door 15        | Marquette 39 | Vernon 63      |
| Douglas 16     | Menominee 40 | Vilas 64       |
| Dunn 17        | Milwaukee 41 | Walworth 65    |
| Eau Claire 18  | Monroe 42    | Washburn 66    |
| Florence 19    | Oconto 43    | Washington 67  |
| Fond du Lac 20 | Oneida 44    | Waukesha 68    |
| Forest 21      | Outagamie 45 | Waupaca 69     |
| Grant 22       | Ozaukee 46   | Waushara 70    |
| Green 23       | Pepin 47     | Winnebago 71   |
| Green Lake 24  | Pierce 48    | Wood 72        |