



STORET Number	Field Number	County No.	Program Code	Region
Waterbody Number		Sample Location – Lake Name		
Sample Point Description/Sampling Device				

Sample Information:	
Sample Type SU – Surface Water	Comments
Depth of Sample	

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

Test Request
<p><b>WSLH Environmental Toxicology Lab:</b></p> <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;">Preservative Added (250 mL Bottle Only):</p> <p style="padding-left: 40px;"><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>
<p><b>WSLH Organics Lab:</b></p> <p>A. Cyanobacteria Toxins (1 Liter Amber Bottle - 1/3 Full)</p> <p><input type="checkbox"/> Microcystin, Anatoxin and Cylindrospermopsin via HPLC/MS/MS</p>

<p><b>For Lab Use Only:</b></p> <p>Date Received at Lab: _____</p> <p>Laboratory Number: _____</p> <p>Preservative Added at Lab (if applicable):</p> <p>_____</p> <p>Date Analyzed: _____</p> <p>Analyst: _____</p> <hr/> <p>For "Toxins via HPLC/MS/MS" Requests:</p> <p>Organic Lab Number: _____</p> <p>   </p> <p>(Deliver 1 Liter amber bottle &amp; copy of labslip to the Organic's Department)</p>
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**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 location 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 into 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 (preferably 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 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