



Appendix E

Subcontract Laboratory Request Form

Laboratories seeking to utilize another laboratory for analyses must complete this form requesting the analytes and methods they are planning to subcontract out.

Person making request (name and title):

Requesting laboratory (primary): _____

EPA Lab ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Contact person(s): _____

Subcontract lab name:

EPA Lab ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Contact person(s): _____

I understand it is the primary laboratory's responsibility to ensure the subcontract lab listed above is currently certified by the DWLCP for the analytes and methods requested. It is also the primary laboratory's responsibility to ensure that all data from the subcontract lab will be loaded into SDWIS. The primary laboratory is also responsible for all payments to the subcontract lab.

Reason for request:

Length of request coverage: _____

Analyte Name	Analyte Code	Method	Comments

DWLCP representative (name and title):

Signature and Date of Approval: _____