



Appendix E

Subcontract Laboratory (sub-lab) Request Form

Laboratories seeking to utilize another laboratory (sub-lab) 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): _____

Sub-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 sub-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 sub-lab will be loaded into SDWIS. The primary laboratory is also responsible for all payments to the sub-lab.

Reason for request:

Length of request coverage: _____

Analyte Name	Analyte Code	Method	Approved	Initials

DWLCP representative (name and title):

Signature and Date of Approval: _____