OZARK UNDERGROUND LABORATORY, INC.

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SAMPLE COLLECTION DATA SHEET for FLUORESCENCE ANALYSIS

Project_____**Week No:** _____ **Samples Collected By:** _____

Samples Shipped By: _____**Samples Received By:** _____

Date Samples Shipped: _____ **Date Samples Received:** _____ **Time Samples Received:** _____ **Return Cooler? Yes** ☐ **No** ☐

Bill to:_____**Send Results to:** _____

Analyze for: ☐ **Fluorescein** ☐ **Eosine** ☐ **Rhodamine WT** ☐ **Other** _____**Ship cooler to:** _____

OUL use only		***Please indicate stations where dye was visible in the field*** *for field technician use - use black ink only*						*OUL use only*
# CHAR REC'D	**LAB NUMBER**	**STATION NUMBER**	**STATION NAME**	**PLACED**		**COLLECTED**		**# WATER REC'D**
				DATE	**TIME**	**DATE**	**TIME**	

COMMENTS_____

_____

This sheet filled out by OUL staff? Yes No **Charts for samples on this page proofed by OUL:**_____

OUL Project No._____ **Date Analyzed:**_____**Analyzed By:**_____