

**LEAD SAMPLE SUBMISSION**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH, DIVISION OF LABORATORIES, 2121 W. TAYLOR ST., CHICAGO, IL 60612  
 PHONE: 312-793-3050 CONTACT: Lab Supervisor  
 Accreditation Numbers: AIHA LAP, LLC #102305

**1. Submitted By:**

Submitting Agency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City/State/ZIP Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**2. ID:** \_\_\_\_\_

**5. Date Collected:** \_\_\_\_\_

**3. Submission Type (Check):**     Assessment or  Clearance

**Collected By:** \_\_\_\_\_

**4. Analysis Requested:** LEAD

*(Signature Required)*

6. Barcode Labels	7. Sample Type (check appropriate box)						8. Sampling Area (ft <sup>2</sup> )	9. Sample Description / Comments
	Dust Wipe	Paint Chips	Soil	Other (food)	Other (non-food)	Air Filters		
	<input type="checkbox"/> Floor <input type="checkbox"/> Windowsill <input type="checkbox"/> Window Trough <input type="checkbox"/> Other							
	<input type="checkbox"/> Floor <input type="checkbox"/> Windowsill <input type="checkbox"/> Window Trough <input type="checkbox"/> Other							
	<input type="checkbox"/> Floor <input type="checkbox"/> Windowsill <input type="checkbox"/> Window Trough <input type="checkbox"/> Other							
	<input type="checkbox"/> Floor <input type="checkbox"/> Windowsill <input type="checkbox"/> Window Trough <input type="checkbox"/> Other							
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	<input type="checkbox"/> Floor <input type="checkbox"/> Windowsill <input type="checkbox"/> Window Trough <input type="checkbox"/> Other							
	<input type="checkbox"/> Floor <input type="checkbox"/> Windowsill <input type="checkbox"/> Window Trough <input type="checkbox"/> Other							
	<input type="checkbox"/> Floor <input type="checkbox"/> Windowsill <input type="checkbox"/> Window Trough <input type="checkbox"/> Other							

**10. Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ a.m./p.m.

Samples received in Good Condition: *(unless otherwise noted in "Comments" Section)*     YES     NO

Custody Seals Intact:     N/A     YES     NO

Comments:

DIRECTIONS FOR USE

ILLINOIS DEPARTMENT OF PUBLIC HEALTH, DIVISION OF LABORATORIES, 2121 W. TAYLOR ST., CHICAGO, IL 60612 ENVIRONMENTAL SAMPLE SUBMISSION		
BOX NUMBER	FIELD NAME	DESCRIPTION
1	SUBMITTED BY	Name and address of agency sending the sample to be tested. A contact person's name, telephone, and email also are requested.
2	ID	To be used at submitter's discretion. The use of the address where the samples were collected is recommended for environmental lead samples.
3	SUBMISSION TYPE	Defines purpose of sampling. The laboratory will treat all those not identified as CLEARANCE as routine submissions. Check "CLEARANCE" only if samples are collected for final clearance.
4	ANALYSIS REQUESTED	Indicate requested analytes.
5	COLLECTED	The signature of the person who collected the samples accompanied by this form is <b>REQUIRED</b> . Date of Collection also is <b>REQUIRED</b> . For different collection dates, separate forms should be used.
6	BARCODE LABELS	<b>One barcode label must be placed lengthwise on the sample container, and an identical barcode label must be placed on the sample line and will serve as the unique identifier for the sample.</b>
7	SAMPLE TYPE	Place a check mark in the column which describes the type of sample identified by the barcode label on the accompanying line. One check mark per sample line. *Note: For dust wipes, check the box according to the location in which they were collected (i.e., Floor, Windowsill, Window Trough, or Other location.)
8	SAMPLING AREA	The total square feet of the sampling area is <b>REQUIRED</b> for dust wipes and air filters.
9	SAMPLE DESCRIPTION/ COMMENTS	Use this field to identify sample location and otherwise as needed. The laboratory also may use this section to make notations important to sample custody.
10	RECEIVED BY	<b>FOR LAB USE ONLY:</b> Receiving laboratory staff will designate receipt by affixing a signature and noting the date and time of receipt and conditions of samples.
<b>Sample Acceptance Policy</b>		
The submission form must be filled in with ink. Sample containers and dust wipe collection materials supplied by the laboratory should be used.		
	Dust Wipe	Only wipe materials meeting ASTM E1792 requirements will be analyzed.
	Paint Chips	A minimum of 200 mg of sample is required for analysis.
	Soil	A minimum of 1 g of sample is required for analysis.
	Other (food)	Contact laboratory for further instructions.
	Other (non-food)	Contact laboratory for further instructions.
	Air Filters	Contact laboratory for further instructions.