DOH SDG:	
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INDIANA DEPARTMENT OF HEALTH

ENVIRONMENTAL LEAD LABORATORY – FOOD SAMPLE SUBMISSION

Collector's Conta	ct Information	1	Sampling Information				
		Date Sampled: *					
Address (1):			Property Address (1):*				
Address (2):			Property Address (2):				
City, Zip Code:			City, Zip Code:				
Phone:		Collected By:*					
Email for Results:*		Assessor License #:					
Email for Results:			Low Priority?	Yes	0	No	0
*Required Fields	•			•			
			LE DESCRIPTION				Lab
ID	MATERIAL	LOCATION			Assigned		
							Number
Please mail samples with this form to: IDOH Environmental Lead Labor 550 W 16 th Street			Lead Laboratory				
		Indianapolis,					
		-					
Custody Signature: Relinquished By:		Date/T	īme:_				
Custody Signature: Received By:		Nate/1	īme.				
custouy signature: neceived by:			Dutc/ i				