**Laboratory Test Report**

Laboratory Name

Laboratory Address

Contact Name

Telephone Number

MN Lab ID

Client Name

Project Name

Report Number

Report Issue Date

Sample Receipt Date(s) and Notes1

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Laboratory****Sample ID #** | **Client ID** | **Matrix** | **Date/Time of Collection** | **Date/Time of Sample Prep1** | **Date of Analysis** | **Time of Analysis1** | **Test Results (units)** | **Detection or Reporting Limit****(units)** | **Approved Method** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1Required when critical to the validity and application of the results

[When applicable, indicate whether test results were calculated “as received” or as dry weight.]

**Subcontracted test results**

[ ]  No samples were subcontracted; or

[ ]  The above test result(s) with “\*\*” designation were produced by [subcontracted laboratory’s name; address; MDH Lab ID]. The subcontracted laboratory maintains MDH certification for the field(s) of testing performed.

**Discussion/Notes**

[Include here any noted deviations from the standard operating procedure, such as failed quality control, additions to, or exclusions from the test method and information on specific test conditions, such as environmental conditions and any nonstandard conditions. With the deviation, explain why the result does not meet the requirements, or for which the lab is not certified, and give a justification as to why the result was reported (e.g. condition of QAPP; client instructions; etc). Define any data qualifiers used in the report.]

**Report authorized by Date**[signatures may be handwritten or electronic]

The results listed within the report relate only to the samples received on the dates indicated.

This report must not be reproduced, except in full, without the written approval from [insert laboratory name].

MN Rules 4740.2095 C (Reporting)
Created by MDH: revised 20OCT2008