

## Document Reference # 05.1.0

Sampler's initials :

nm/ss

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Date/Time: 10/17/23 1143

Date/Time: 00/07/23 1143

Instructions: Fill in all fields except "Lab ID" on sample transport form completely. Each sample container must use a separate line. Place this form in a waterproof bag and place it with the samples for transport. If a field log or other chain of custody is attached, that information may be referenced on this form and the log as CDC-attached.

[illegible]

Surface water, no chlorine expected

RQ -2023-10-16-21

Phone: 850-595-8300

Sampler's name:

<sup>2</sup>Type codes: C = crab, G = gastropod, X =

<sup>3</sup> Recorded using IRT-2