

DUPLICATE RECORD REQUEST FORM

PLEASE CHECK ONLY ONE:

- FAX**
 OR
 EMAIL

\$5.00 Per Report



**Tarrant County Public Health
 North Texas Regional Laboratory
 1101 South Main Street
 Fort Worth, TX 76104**

Phone: 817-321-4778 / Fax: 817-850-8503

Please print using block letters/numbers on the request form. For email addresses, indicate case sensitive letters clearly and appropriately. For fax/phone numbers, please indicate when a "1" is required when dialing.

Send Duplicate Record To:		Sent From:	Water Laboratory
Submitter Name On Report Form:			
Contact Phone Number:		Date Sent:	
FAX Number or Email Address:			
<p><i>NOTE: Please make sure the fax number/email is complete and correct above. Two attempts will be made to send a duplicate record. After the second transmission failure, no further attempts will be made until contacted by the submitter.</i></p>		Number of pages including cover sheet:	

For Laboratory Use Only/Do not write below this line:

Sample ID#s to be faxed/emailed:	
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Additional Information:

Confidential Information: The information contained in this transmittal and accompanying documents, if any, may be protected by, state and federal law. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this transmittal is strictly prohibited. If you have received this transmittal in error, please notify the sender immediately to arrange for return or destruction of these documents.