

Sample Request Form

AQUALAB (NZ) Ltd
 PO Box 80 113
 Green Bay, Auckland
 4B McWhirter Place,
 New Lynn

	Laboratory To Complete:
	Received Date:
	Received Time:
	Sample Condition:
	Sample Submitted by:

Client Name: Address: Contact Name: Phone No:
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Invoicing To: Purchase Order No.

Sample Site:	
Date /Time Collected:	Date: _____ Time: _____
Sampled by:	
Sample Type:	Potable <input type="checkbox"/> Wastewater <input type="checkbox"/> Groundwater <input type="checkbox"/> Saline <input type="checkbox"/> Freshwater <input type="checkbox"/> Swimming Pool <input type="checkbox"/>

Tests required for sample :	EColi <input type="checkbox"/> pH <input type="checkbox"/> BOD <input type="checkbox"/> Total Coliforms <input type="checkbox"/> Turbidity <input type="checkbox"/> TSS <input type="checkbox"/> HPC <input type="checkbox"/> Potability <input type="checkbox"/> Fluoride <input type="checkbox"/> Faecal Coliforms <input type="checkbox"/> Enterococci <input type="checkbox"/> Pool Micro <input type="checkbox"/>
Other Test Requirements:	

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