Sample Request Form

AQUALAB (NZ) Ltd			Laboratory To	o Complete:	
PO Box 80 113			Received Date:		
Green Bay, Auckland			Received Time:		
4B McWhirter Place,			Sample Condition:		
New Lynn			Sample Submitted by:		
Client Name: Address:					
Contact Name:					
Phone No:					
Invoicing To:					
Purchase Order No.					
Sample Site:					
Date /Time Collected:	Date:	Time:			
0 1 11					
Sampled by:	Potable	Potable Groundwater Groundwater			
Sample Type:	Potable	Wastewater Groundwater			
	Saline	Fresh	nwater	Swimming	
Tests required for sample				Pool	
Tests required for sample:	EColi	pН		BOD	
	Total Coliforms	Tur	bidity	TSS	
	HPC				
	Faecal Coliforms	Pota	bility	Fluoride	
				, 	
	Enterococci				
	Pool Micro				
Other Test Requirements:					
Sample Site:	D	TC:			
Date /Time Collected:	Date:	Time	· ·		
Sampled by					
Sampled by: Sample Type:	Potable	Wast	tewater \Box	Groundwater	
Sample Type.	1 Otable	vv asi	icwatci	Groundwater	
	Saline	Fresh	nwater	Swimming Pool	
Tests required for sample :	EC 1.			DOD —	
	EColi	pН		BOD	
	Total Coliforms	Tui	rbidity	TSS	
	HPC	_		T	
	Faecal Coliforms	Pota	ability	Fluoride	
	Enterococci				
	Pool Micro				
Other Test Requirements:					