

WATER SAMPLE SUBMISSION FORM

Client Information	
Company Name:	Purchase Order (required for billing purposes):
	Quotation No (required for billing purposes):
Mailing Address:	Submitted by:
	Email Address:
	Date:
Tel:	Mobile:
Fax:	

Sample Information - Please tick(✓) to select				
Pharmaceutical Water System	Sample Collection Date:			
Sample Description (sample ID, # and volume of products sent)	Sample Collection Time:			
	Please tick (✓) to select the test(s) required			
	Total Plate Count	Coliform count	S. aureus count	Pseudomonads count

Sample Information - Please tick(✓) to select		
Cooling Towers or Water containing biocide	Sample Collection Date:	
Sample Description (sample ID, # and volume of products sent)	Sample Collection Time:	
	Please tick (✓) to select the test(s) required	
	Heterotrophic Plate Count	Legionella sp. count

Sample Information - Please tick(✓) to select						
Environmental Water	Sample Collection Date:					
Sample Description (sample ID, # and volume of products sent)	Sample Collection Time:					
	Please tick (✓) to select the test(s) required					
	HPC		Coliform count	Faecal Coliform count	E. coli count	P. aeruginosa count
	22°C	36°C				

Any other special requirements (please specify):