

WATER SAMPLE SUBMISSION FORM

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

Sample Information - Please tick(√) to select					
Pharmaceutical Water System		Sample Collection Date:			
		Sample Collection Time:			
Sample Description (sample ID, # and volume of products sent)		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 Collection Time:	
Sample Description (sample ID, # and volume of products sent)		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 Collection Time:			
Sample Description (sample ID, # and volume of products sent)			Please tick (√) to select the test(s) required			
			HPC		Coliform count	Faecal Coliform count
22°C	36°C					

Any other special requirements (please specify):