



SAMPLE RECEPTION INSTRUCTION

Drinking Water, Ground Water, Sludges, and Wastewaters

Company Name: _____	VAT No: _____
Project: _____	Postal Address: _____
Order/Ref: _____	Contact Person: _____ Email: _____
Requested by: _____	Office Number: _____ Cell Number: _____
Delivered by: _____ on (date) _____ at _____ h	Completion Date: _____ Payment Date: _____
Sampled By _____	Payment Terms: <input type="checkbox"/> 30 Day <input type="checkbox"/> Cash on Delivery <input type="checkbox"/> _____ Sheet _____ of _____
Sample Method: <input type="checkbox"/> Delivered <input type="checkbox"/> Collected <input type="checkbox"/> Other (Specify) _____	Comments: _____

Sample Description:	1. _____	2. _____	3. _____	4. _____
Sampling Date & Time:	Date / Time: _____	Date / Time: _____	Date / Time: _____	Date / Time: _____
Sample Intended END USE: (e.g. irrigation, drinking, domestic, effluent etc) :	_____	_____	_____	_____

TEST REQUESTED:

33.18 Irrigation Water Quality Standard : Al, B, Cl, Cr, EC, Cu, TDS, SS, F, Mn, Ni, Se, Na, U, Zn, E-Coli				
33.00 Microbiological Testing : E-Coli, Total Coliforms, Heterotrophic Plate Count				
33.10 Raw/Untreated Water for Domestic Consumption: Al, Ammon, Sb, As, Ba, B, Cd, Cl, Cu, F, Fe, Pb, Mn, Hg, Ni, No3, No2, No3/No2, pH, Phen, Se, S, TOC, Turb, U, Zn, E-Coli, Total Coliforms, HPC				
33.07 Short Analysis - Treated Water for Domestic Consumption: EC, TDS, pH, Turb, No3, No2, No3/No2, SO4, F, Cl, K, Mg, Na, Cu, Fe, Pb, Mn, Alk-Total, E-Coli, Total Coliforms, HPC				
33.20 Discharge GSL's to Wastewater or Stormwater : EC, SS, pH, Oils&Grease, COD, Cl2, No3/No2, F, N, Ortho Phosphate as Phosphorus, Coliforms Feacal				
33.64 Analysis of Water for Construction use : EC, TDS, SS, pH, Oils&Grease, So4, Cl, Ca, Mg, Alkalinity Total, Sugar(Qualitative), Bicarbonate(Calculated), Carbonate(Calculated).				
Other Analysis (not indicated above):				

Amendments to Agreement: _____
Specialist Sub-Contracted Laboratory: _____ Methods Sub Contracted: _____
Sample Containers Received _____
Sample Condition /Abnormalities of the sample upon receipt: _____
Sample Receiving and Tracking: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Field team <input type="checkbox"/> Received at Laboratory By _____ Entry Point _____ Storage of retained sample: <input type="checkbox"/> 3 weeks

Undersigned accepts Labco's *Standard Terms and Conditions* available on request. A Credit Approved Customer acknowledges that any amount due for services will be due unconditionally within 30 days from the date of a tax invoice. Customer without an account facility or accounts that are on hold or blocked have to settled due amounts in full prior to the execution of any further services.

Accepted: _____ Customer Name _____ Customer Signature _____ Date _____