

Sample Submission Form

Watercare

Laboratory Services

Watercare Laboratory Services
52 Aintree Ave, Airport Oaks, Manukau 2150

Sample Reception
Ph: (09) 539 7614
Email: SampleReception@water.co.nz
Customer Liaison: LabSales@water.co.nz

Project Label

Office Use Only

CLIENT DETAILS

Account Name:

Purchase Order No:

Address:

Contact:

Phone:

Charge To (if other than client):

Quote No:

Results To (Name):

Email:

Project Description/Additional Information:

CATEGORY	SAMPLE TYPE (specify for each sample below)				
Potable (Drinking/For Consumption):	*PW Potable Water e.g. for NZDWS Compliance RLP Potable Water for RLP compliance				
Non-Potable/Non-Drinkable Waters:	FW Fresh Water (eg raw and environmental)	WW Wastewater	TW Tradewaste	SW Saline and Seawater	EF Effluent
Other:	SP Swimming Pool	SO Soil & Sediments	SL Sludge	SH Shellfish	

No.	Sample Description	Sample Type	Tests Required (list here or indicate to test as per quote)	Temperature (°C) *	Date Collected	Time Collected
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

* POTABLE WATER: to comply with the New Zealand Drinking Water Standards, samples for microbiological testing must be received less than the sampling temperature at source but above zero degree Celsius. Please provide the source temperature at the time of collection. Failure to meet this requirement will result in a comment on your CoA report.

Please tick if you require these items to be returned (courier fees may apply)	Sent to Watercare Lab Services	Received at Watercare Lab Services	Received Stamp
	Date: _____ Time: _____ Name: _____ Signature: _____	Temperature: _____ Correction Factor: _____ Thermometer ID: _____	

Chilly Bin ☐ New Sample Bottles ☐