

Sample Submission Form



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

Sample Reception
Ph: 0800 522 365 (Option 2)
Email: SampleReception@water.co.nz
Customer Liaison: LabSales@water.co.nz

Project Label

Office Use Only

¹ PLEASE COMPLETE THE INFORMATION BELOW - MISSING DETAILS MAY DELAY TESTING AND COULD AFFECT RESULTS

CLIENT DETAILS							
Account Name: ¹				Purchase Order No:			
Address:							
Contact: ¹			Phone: ¹				
Charge To (if other than client):					Quote No: ¹		
Results To (Name): ¹			Email (Results to): ¹				
Project Description/Additional Information:							
CATEGORY		SAMPLE TYPE (specify for each sample below)					
Potable (Drinking/For Consumption):		² 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 ¹	Sample Type ¹	Tests Required ¹ <i>(list here or indicate to test as per quote)</i>	PW Temperature (°C) ²	Date Collected ¹	Time Collected ¹	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
² 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) Chilly Bin <input type="checkbox"/> New Sample Bottles <input type="checkbox"/>		Sent to Watercare Lab Services¹ Date: Time: Name: Signature:		Received at Watercare Lab Services Temperature: Correction Factor: Thermometer ID:		Received Stamp	